

OPERATOR'S DAILY REPORT

Engine-Powered Lift Trucks

Truck No. _____ Make _____ Date of inspection _____

| | CHECK EACH ITEM | Explain below if not OK |
|-----|---------------------------|---------------------------|
| | If OK write OK | or any other action taken |
| 1. | Fuel level | |
| 2. | Oil level & Pressure | |
| 3. | Water level and fan belt | |
| 4. | Brakesservice and parking | |
| 5. | Lightshead, tail, warning | |
| 6. | Horn | |
| 7. | Hour meter and gauges | |
| 8. | Steering | |
| 9. | Tires | |
| 10. | Hydraulic controls | |
| 11. | Other conditions | |
| 12. | Seat belts | |

Notes

Operator's Signature:

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