



Powered Pallet Truck Pre-use Inspection Checklist

Operator:				Make & Model:									
Company:				Hour Meter Reading:									
Location:				Date: MM/DD/YYYY		Unit No.:							
POWER OFF CHECKS				Status			POWER ON CHECKS				Status		
				OK	NO	N/A					OK	NO	N/A
1) Wheels and Tires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Unit starts and runs properly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lights/Strobes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Instruments/Gauges				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Battery/Battery compartment:							17) Warning lights/audible alarms				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cables and connectors in working order				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Charge level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Clean/Dry				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Horn/audible warning device(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Secure from movement/Battery gates				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Function controls:						
d) Debris							a) Hold to run				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Hydraulics:							b) Mast & carriage – raise/lower/tilt/swing				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cylinders/Rods				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Lifting attachment – proper movement				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hoses/Lines/Fittings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Drive – forward/reverse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Cylinders/Rods				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Steer – left/right				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Fluids:							21) Braking:						
a) Hydraulic oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Plugging				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Battery Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Drive/function-enable				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Data/Capacity plate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Emergency quick disconnect				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Windows/Glass/Gates				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Lifting Attachment(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Counterweight/Counterweight bolt(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL				OK	NO	N/A
10) Hood/Covers/Panels				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Housekeeping				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Mast – lift chains/rollers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Manufacturer's operating manuals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Rider platform functioning				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26) Decals/Warnings/Placards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Grounding strap				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Misc. parts – loose/missing/broken				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKPLACE INSPECTION				OK	NO	N/A
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Drop-offs or holes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Bumps and floor/ground obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Overhead obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Energized power lines				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Hazardous locations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Ground surface and support conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Pedestrian/vehicle traffic				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Wind and weather conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37) Other possible hazards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.

COMMENTS

Operator's initials:
Alternative operator's initials: