



## Powered Pallet Truck Pre-use Inspection Checklist

<b>Operator:</b>			<b>Make &amp; Model:</b>				
<b>Company:</b>			<b>Hour Meter Reading:</b>				
<b>Location:</b>			<b>Date:</b> MM/DD/YYYY	<b>Unit No.:</b>			
POWER OFF CHECKS	Status			POWER ON CHECKS	Status		
	OK	NO	N/A		OK	NO	N/A
1) Wheels & tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17) Unit starts & runs properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lights/strobes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Instruments/gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Visual check for leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Warning lights/audible alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Charge level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				21) Horn/audible warning device(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GENERAL</b>	<b>OK</b>	<b>NO</b>	<b>N/A</b>	22) Function controls:			
5) Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Hold to run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Decals/warnings/placards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Mast & carriage - raise/lower/tilt/swing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Misc. parts - loose/missing/broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Hydraulic check- raises & holds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				d) Drive - forward/reverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WORKPLACE INSPECTION</b>	<b>OK</b>	<b>NO</b>	<b>N/A</b>	e) Steer - left/right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Drop-offs or holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Braking:			
9) Bumps and floor/ground obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Plugging (briefly flip handle in opposite direction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Emergency stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Overhead obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Hazardous locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
13) Ground surface & support conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
14) Pedestrian/vehicle traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
15) Wind & weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
16) Other possible hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.</b>							
<b>COMMENTS</b>							
Operator's initials:							
Alternative operator's initials:							