

Date: _____ Truck#: _____ Operator: _____
 Start Hour: _____ End Hour: _____ Fuel: _____

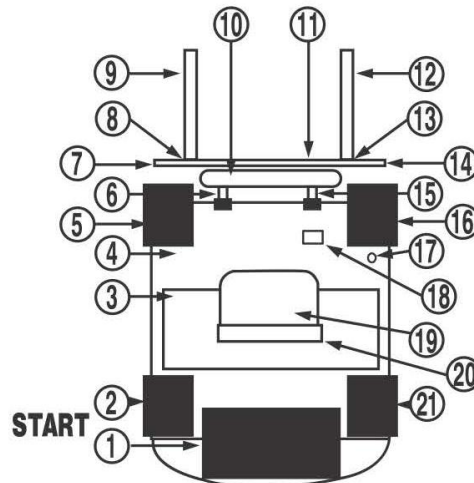
INTERNAL COMBUSTION DAILY CHECK LIST

Indicate an **X** where a problem is detected and a **✓** to indicate no problems visible.

Visual Inspection	COMMENTS
1. <input type="checkbox"/> Propane _____ <input type="checkbox"/> Relief Valve _____ <input type="checkbox"/> Fuel Level _____ <input type="checkbox"/> No Leaks _____ <input type="checkbox"/> Safety Straps _____	
2. <input type="checkbox"/> Rear Tire (Left) _____	
3. <input type="checkbox"/> Engine Compartment _____ <input type="checkbox"/> Oil _____ <input type="checkbox"/> Battery _____ <input type="checkbox"/> Radiator _____ <input type="checkbox"/> Air Filter _____ <input type="checkbox"/> Fan Belt _____	
4. <input type="checkbox"/> Overhead Guard _____	
5. <input type="checkbox"/> Front Tire (Left) _____	
6. <input type="checkbox"/> Tilt Cylinder _____	
7. <input type="checkbox"/> Carriage _____	
8. <input type="checkbox"/> Fork Locking Pin (Left) _____	
9. <input type="checkbox"/> Fork (Left) _____ <input type="checkbox"/> (Attachment Applicable) _____	
10. <input type="checkbox"/> Mast _____	
11. <input type="checkbox"/> Lift Cylinder _____ <input type="checkbox"/> Lift Chains _____	
12. <input type="checkbox"/> Fork (Right) _____ <input type="checkbox"/> (Attachment Applicable) _____	
13. <input type="checkbox"/> Fork Locking Pin (Right) _____	
14. <input type="checkbox"/> Carriage _____	
15. <input type="checkbox"/> Tilt Cylinder _____	
16. <input type="checkbox"/> Front Tire (Right) _____	
17. <input type="checkbox"/> Hydraulic Oil _____	
18. <input type="checkbox"/> Data Plate _____	
19. <input type="checkbox"/> Seat & Seat Belt _____	
20. <input type="checkbox"/> Operator Manual _____	
21. <input type="checkbox"/> Rear Tire (Right) _____	

Operational Inspection	COMMENTS
A. <input type="checkbox"/> Listen for Unusual Noise _____	
B. <input type="checkbox"/> Check Service & Parking Brake _____	
C. <input type="checkbox"/> Lifting Control _____	
D. <input type="checkbox"/> Tilt Control _____	
E. <input type="checkbox"/> Forward Driving _____ <input type="checkbox"/> Accelerator _____ <input type="checkbox"/> Steering _____ <input type="checkbox"/> Braking _____	
F. <input type="checkbox"/> Reverse Driving _____ <input type="checkbox"/> Accelerators _____ <input type="checkbox"/> Steering _____ <input type="checkbox"/> Braking _____ <input type="checkbox"/> Backup Alarm _____	
G. <input type="checkbox"/> Lights _____	
H. <input type="checkbox"/> Horn _____	
I. <input type="checkbox"/> Gauges _____	
J. <input type="checkbox"/> Oil Spots on Floor _____	

WALK AROUND



All comments made in reference to any problems should be made on the back of this page in detail and handed to the supervisor immediately.

SIGNATURE: _____

CAUTION: This is not a complete list of all items which may require attention. Operators are responsible for ensuring that the lift truck is in proper working condition in accordance with the manufacturer's specifications.

DO NOT operate lift truck if a problem is detected. Report all problems to the service department immediately.