

**Checklist**

# OSHA Forklift Regulation Checklist

Forklift ID: \_\_\_\_\_

Date: \_\_\_\_\_

Location/Site: \_\_\_\_\_

## Key Safety Items

- |  |   |
|--|---|
| <input type="checkbox"/> Overhead guard, mast, carriage, and forks free of visible damage  | <input type="checkbox"/> Steering and service brake operate correctly                       |
| <input type="checkbox"/> Tires in safe condition (no major cuts, damage, or low inflation) | <input type="checkbox"/> Parking brake holds the truck when applied                         |
| <input type="checkbox"/> Hydraulic system and hoses free of leaks                          | <input type="checkbox"/> Lift, lower, and tilt functions operate smoothly                   |
| <input type="checkbox"/> Seatbelt present and functional                                   | <input type="checkbox"/> No obvious fuel, oil, or coolant leaks; fuel/charge level adequate |
| <input type="checkbox"/> Horn and any required lights / alarms working                     |   |

## Notes

\_\_\_\_\_  
\_\_\_\_\_

## Result

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Forklift passed inspection | <input type="checkbox"/> Issues Noted |
|---|---------------------------------------|

Driver Signature: \_\_\_\_\_

Manager Sign-Off: \_\_\_\_\_