

LIFT TRUCK
equipment
LOG



Counterbalance I.C. Truck

SAMPLE

Truck Number

Truck Model: _____ Truck S/N: _____

Department: _____ Start Date: _____

ATTENTION

Lift truck must be inspected at the beginning of each shift

Example of how to use the Lift Truck Log

1
Log on and log off:
 The operator must log on when they start using the truck. When the operator is finished using the truck they must also log off.

2
Passed inspection:
 Truck is inspected and passed. Operator must log off before the end of the shift.

3
Inspection not required:
 Truck has been inspected prior to the beginning of the shift and does not need to be inspected again until the next shift. Draw a line down the list to indicate the truck was not inspected. Operator must still log on and off.

4
Truck inspected and requires repairs:
 If the truck requires repairs, the operator must fill out Form "B" and submit it to their supervisor.

I.C. Counterbalance Log Form "A"				
Log On	Date:	Apr 10	Apr 10	Apr 11
	Time Start:	8:45 a	1:45 p	9:20 a
	Hour Meter Start:	1006	1009	1012
	Inspection Required:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Log Off	Time End:	11:30 a	3:45 p	
	Hour Meter End:	1009	1012	
Propane	Visual Check			
	Relative pointing up:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Fuel level:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	No fuel leaks:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Engine	Safety straps secure:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Engine oil level:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Radiator fluid level:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Air filter:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Forklift	Fan belt & radiator:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Hydraulic oil:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Battery & connectors:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Overhead guard:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Operator Controls	Tires/wheels:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Chassis:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Forks and locking pins:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Mast:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pass / Fail	Lift cylinder & chains:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Lift cylinders:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Capacity data plate:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Other:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pass / Fail	Operational Check			
	Seat belt:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Steering:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Parking & service brake:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pass / Fail	Lifting & lowering controls:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Tilt controls:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Lights:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Horn & warning device:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pass / Fail	Gauges:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	No oil leaks:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Options - Attachments:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Other:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pass / Fail	Pass:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(See Form "B") Fail:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Operator's initials:	DG	BL	BB

= Item Passed

= Item Failed

= Inspected Earlier in Shift

Electric Counterbalance Log Form "A"

Log On	Date:				
	Time Start:				
	Hour Meter Start:				
	Inspection Required:				
Log Off	Time End:				
	Hour Meter End:				
	Visual Check				
Battery	Battery connector:				
	Cables:				
	Vent caps:				
	Battery charge level:				
	Battery lock (if applicable):				
Forklift	Overhead guard:				
	Tires/wheels:				
	Carriage:				
	Forks and locking pins:				
	Mast:				
	Lift cylinder & chains:				
	Tilt cylinders:				
	Hydraulic fluid level:				
	Capacity data plate:				
	Other:				
Operational Check					
Operator Controls	Seat belt:				
	Steering:				
	Parking & service brakes:				
	Lifting & lowering controls:				
	Tilt controls:				
	Lights:				
	Horn & warning devices:				
	Gauges:				
	No oil leaks:				
	Optional - Attachments:				
Other:					
Pass / Fail	Pass:				
	(See Form "B") Fail :				
	Operator's initials:				

This form remains in Lift Truck Log

Electric Narrow Aisle Log Form "A"

Log On	Date:				
	Time Start:				
	Hour Meter Start:				
	Inspection Required:				
Log Off	Time End:				
	Hour Meter End:				
		Visual Check			
Battery	Battery connector:				
	Cables:				
	Vent caps:				
	Battery charge level:				
	Battery retainer plate:				
Forklift	Overhead guard:				
	Base straddle legs:				
	Tires/wheels:				
	Carriage:				
	Forks and locking pins:				
	Mast:				
	Lift cylinder & chains:				
	Tilt cylinders (if applicable):				
	Capacity data plate:				
	Other:				
		Operational Check			
Operator Controls	Steering:				
	Parking & service brake:				
	Lifting & lowering controls:				
	Tilt controls (if applicable):				
	Lights:				
	Horn & warning devices:				
	Gauges:				
	Safety harness (if applicable)				
	No oil leaks:				
	Optional - Attachments:				
Other:					
Pass / Fail	Pass:				
	(See Form "B") Fail :				
	Operator's initials:				

This form remains in Lift Truck Log

Electric Pallet Truck Log Form "A"

Log On	Date:				
	Time Start:				
	Hour Meter Start:				
Inspection Required:					
Log Off	Time End:				
	Hour Meter End:				
		Visual Check			
Battery	Battery connector:				
	Vent caps:				
	Cables & connectors:				
	Battery charge level:				
	Battery lock (if applicable):				
Forklift	Control handle:				
	Safety reverse switch:				
	Tires/wheels:				
	Stabilizers:				
	Forks:				
	Capacity data plate:				
	Other:				
		Operational Check			
Operator Controls	Steering:				
	Forward & reverse controls:				
	Service brake:				
	Safety reverse switch:				
	Lifting & lowering controls:				
	Horn & warning devices:				
	Gauges:				
	No oil leaks:				
	Optional - Attachments:				
Other:					
Pass / Fail	Pass:				
	(See Form "B") Fail :				
	Operator's initials:				

This form remains in Lift Truck Log

I.C. Counterbalance Log Form "A"

Log On	Date:				
	Time Start:				
	Hour Meter Start:				
	Inspection Required:				
Log Off	Time End:				
	Hour Meter End:				
	Visual Check				
Propane	Relief valve pointing up:				
	Fuel level:				
	No fuel leaks:				
	Safety straps secure:				
Engine	Engine oil level:				
	Radiator fluid level:				
	Air filter:				
	Fan belt & radiator:				
	Hydraulic oil:				
	Battery & connectors:				
Forklift	Overhead guard:				
	Tires/wheels:				
	Carriage:				
	Forks and locking pins:				
	Mast:				
	Lift cylinder & chains:				
	Tilt cylinders:				
	Capacity data plate:				
	Other:				
Operational Check					
Operator Controls	Seat belt:				
	Steering:				
	Parking & service brake:				
	Lifting & lowering controls:				
	Tilt controls:				
	Lights:				
	Horn & warning devices:				
	Gauges:				
	No oil leaks:				
	Optional - Attachments:				
Other:					
Pass / Fail	Pass:				
	(See Form "B") Fail :				
	Operator's initials:				

This form remains in Lift Truck Log

Repair Request Form "B"

Truck Number:

Date: _____

Name: _____

Location: _____

Hour Meter: _____

Repair Description:

SAMPLE

Condition of Truck: (Check one)

Safe to operate until repairs complete

Unsafe to operate: Truck lock-out required

Lock-out procedure (check items done)

① Key removed

② Tag placed on steering wheel

③ Fuel source disconnected

④ Truck locked-out

Lift truck involved in an accident: Yes No

If Yes is selected, an Accident Report Form "C" must be filled out and submitted to your supervisor.

This form must to submitted to the supervisor for approved repairs to the lift truck.

This form must be given to Supervisor

Accident Report Form "C"

Truck Number:

Date of Accident: _____

Time of Accident: _____

Name: _____

Position: _____

Location of Accident: _____

Lift truck locked-out after the accident?

Yes No

Names of those involved:

Injured?

1. _____ Yes No

2. _____ Yes No

3. _____ Yes No

Details of accident:

Signed: _____ Date: _____

This form must be given to Supervisor

Near-Miss Incident Report "D"

Truck Number:

Date of Incident: _____

Time of Incident: _____

Name: _____

Position: _____

Location of Incident: _____

Describe details of near-miss incident:

What acts or conditions may have contributed to the incident?

What action could be taken to prevent a similar incident?

Signed: _____ Date: _____

LLL-NNI-1

This form must be given to Supervisor

Routine Maintenance Log "E"

Routine Service Every Hours

	Date	Service Type	Hour Meter	Next Service (Hour Meter)	Mechanic
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

See other side for additional service reports

What to Check For:

- ① Inspect for damage
- ② Report any damage to your supervisor
- ③ Keep truck clean

Item	Criteria
Visual Check	Key Off
Propane Cylinder	
Propane cylinder	Is the cylinder locked down? Is the relief valve pointing up?
Propane hoses and lines	Is there any hose or fuel line damage?
Fuel leaks	Is there any propane or gasoline odor? Are there any fuel leaks?
Engine	
Engine oil level	Check level, check for leaks.
Fluid levels	Are there any signs of fluid leaks (engine oil, transmission oil, coolant) on the floor?
Fan belt & radiator	Is there any sign of wear on the belt? Is the radiator clear and clean?
Hydraulic fluid level	Check for leaks, check level (if accessible).
Battery & connectors	Are the caps and terminal covers in place? Cables in good shape?
Lift Truck	
Overhead guard	Are there broken welds, missing bolts or damaged areas?
Tires/wheels	Are the tires and wheels in good condition? Check wheel nuts.
Hydraulic cylinders	Is there leakage or damage in the lift, tilt and attachment cylinders?
Mast assembly	Are there broken welds, cracked or bent areas and worn or missing stops?
Lift chains and rollers	Is there wear, damage and signs of rust or any sign that lubricant is required?
Forks and lock pins	Are the forks cracked, bent, worn or mismatched? Do the locking pins engage?
Capacity data plate	Is it securely in place and legible?
Operational Check	Key On
Seat belt	Is it working properly?
Steering	Check operation.
Parking & service brake	Check operation.
Lift & tilt controls	Are they working properly?
Gauges	Are they all working?
Lifting & lowering controls	Check operation.
Warning devices	Horn: Is it working? Check backup alarm and warning lights (if applicable).