

Michigan Municipal Workers' Compensation Fund

Safety and Health Resource Manual

Operational Safety Checklist

You must inspect the lift truck before operating it. You must report defective equipment to your supervisor. You should tag or label the equipment and take it out of service if it is defective. Only a qualified person should perform repairs.

Visual Pre-Operational Inspection

OKAY NEEDS
 ATTENTION

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Obvious Damage |
| <input type="checkbox"/> | <input type="checkbox"/> | Leaks (Hydraulic, Brake, Transmission Fluid) |
| <input type="checkbox"/> | <input type="checkbox"/> | Nameplate, Capacity, Safety Markings (i.e. No Riders) In Place, Legible, Understood |
| <input type="checkbox"/> | <input type="checkbox"/> | Housekeeping (In the Cab and Around Equipment) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tires/Wheels Condition (Proper Inflation, Gouges, Cracks, Etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Forks (Cracks, Bends, Warps, And Wear) |
| <input type="checkbox"/> | <input type="checkbox"/> | Carriage and Locking Pins (Cracks and Bends in Carriage, And Pins Locked And In Place) |
| <input type="checkbox"/> | <input type="checkbox"/> | Load Rest (Warps, Cracks, Tautness) |
| <input type="checkbox"/> | <input type="checkbox"/> | Mast (Warps, Twists, Etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Chains (Broken, Worn, Tautness) |
| <input type="checkbox"/> | <input type="checkbox"/> | Hoses (Worn, Rubbing, Leaking) |
| <input type="checkbox"/> | <input type="checkbox"/> | Overhead Guard (Secure) |
| <input type="checkbox"/> | <input type="checkbox"/> | Seat belt (If Applicable) |
| | | LPG, Gas, Diesel |
| <input type="checkbox"/> | <input type="checkbox"/> | Engine Oil Level |
| <input type="checkbox"/> | <input type="checkbox"/> | Fuel Level |
| <input type="checkbox"/> | <input type="checkbox"/> | Radiator Water Level |
| | | Electric |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrolyte Level |
| <input type="checkbox"/> | <input type="checkbox"/> | Battery Connections |
| <input type="checkbox"/> | <input type="checkbox"/> | Dash Control Panel (Lights And Gauges Operational) |
| <input type="checkbox"/> | <input type="checkbox"/> | Horn and Warning Devices (Operational) |
| <input type="checkbox"/> | <input type="checkbox"/> | Lift Mechanism (Raise Forks to Maximum Height; Lower Forks Completely Check for Smooth Operation.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tilt Mechanism (Moves Smoothly. Lift Mast All the Way Forward and Backward. Check For Smooth Operation.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Side-Shift (Moves Smoothly) |
| <input type="checkbox"/> | <input type="checkbox"/> | Directional Controls and Steering (Smooth Movement) |
| <input type="checkbox"/> | <input type="checkbox"/> | Foot Brake (Pedal Holds and Unit Stops Smoothly) |
| <input type="checkbox"/> | <input type="checkbox"/> | Parking Brake (Should Hold Against Slight Acceleration) |
| <input type="checkbox"/> | <input type="checkbox"/> | Dead man's Seat Brake (Should Hold when Operator Rises From Seat) |
| <input type="checkbox"/> | <input type="checkbox"/> | Clutch and Gearshift (Smooth Shifting, No Jumping or Jerking) |
| <input type="checkbox"/> | <input type="checkbox"/> | Leaks (Check Cylinders and Hoses for Leaks after Above Checks) |

Employee Signature _____