



GES Global
Experience
Specialists

ForkLift Inspection Sheet

Pre-Inspection

Post-Inspection

Date: _____

*This must be completed prior to operating any forklift.
*Submit this report to your supervisor prior to operating the forklift.

City / Location:

Show Name:

Company Vehicle Number:

Rental Company Vehicle Number:

Vehicle Type:

Gauges

Fuel Level

Empty 1/4 1/2 3/4 Full N/A

Hour Meter Reading

*Any failing item MUST have a reason in the comments section.

Visual Inspection

Comments / Reason for Fail:

Visible Leaks

Pass Fail

Tires

Pass Fail

Frame/Body

Pass Fail

Modifications

Modifications Noted - Red Tag the Forklift and notify your supervisor

None Noted

Operational Check

Comments / Reason for Fail:

Hydraulics

Pass Fail

Brakes

Pass Fail

Parking Brake

Pass Fail

Horn

Pass Fail

Lights

Pass Fail

Steering

Pass Fail

Seat Belt

Pass Fail

Back-up Alarm

Pass Fail

Data/Serial Plate

Pass Fail

Describe any visible damage to the unit:

*Before you operate any forklift, you must verify that you have a valid operator's certification card. Present your card to your supervisor upon submission of the inspection report. You may be asked to present this card at any time.

Inspection Completed By

Operator Signature: _____

Print Name: _____

Verified By:

GES Supervisor/Manager Signature: _____

Print Name: _____

Date: _____ Time: _____

Operator Certification Card Date Certified: _____