

## Forklift Visual Inspection

It is important that we do an inspection for forklifts at the beginning of each shift. The goal is to identify unsafe conditions that could possibly cause an accident. Here are some key items focus to focus on during your inspections:

**Workplace Inspection:** Inspecting work environment

**Ground Conditions:** Drop-offs, holes, debris

**Overhead Hazards:** Structures, fans, lights

**Safety Items:** Fire extinguishers, PPE, eye wash, first aid kit

**Key Off Procedures:** Visual inspect prior to getting on the forklift.

**General Overview:** Parking break, fluid leaks on floor, damage

**Forks/attachments, Backrest:** Bent, cracked, locking pins, worn, mismatched

**Mast, Lift Chains, Rollers:** Broken welds, cracks, bent, greased, rust

**Hydraulic Cylinders/Hoses:** Leaks, damaged, cut on hose

**Tires/Wheels:** Lug nuts, rim damage, pressure, tread

**Overhead Guards– All sides:** Broken welds, missing bolts, damaged areas

**Seatbelt/Operator Restraint:** Worn, damaged, working, locks when attached

**Controls and Pedals:** Hydraulic controls and pedals move freely

**Counterweight:** Bolts, damage, cracks in exhaust/radiator

**Propane (if applicable):** Mounted properly, damage, leaks, date

**Fluid Checks (if accessible):** Engine oil, hydraulic, brake, transmission, coolant

**Batter (if applicable):** Secure, cell caps, leaks, corrosion, cables

**Key On Procedures:** Inspect once operating the forklift.

**Seatbelt:** Seatbelt is engaged prior to any motion

**Gauges:** All warning lights and gauges

**Warning Devices/Lights:** Horn, backup alarm, all lights work

**Parking and Service Brake:** Parking brake holds when in gear, service brakes, stops unit

**All Hydraulic Operations:** Proper operation and no leak through full range of motion:

Lift, lower, tilt, side-shifting, reach

**Steering:** No unusual noise, excessive free-play



## New Employee Orientation

- **Machines and equipment :**

I understand that I will not operate any machines and/or equipment until I am properly trained and authorized, including Industrial Powered Trucks, Cranes, Hoists, etc.

- **Bloodborne Pathogens:**

In the event of an accident or injury, I am to use Universal Precaution anytime I dealing with or may be exposed to blood or other bodily fluids. I understand that I am to wear the proper protection to help reduce the possibility of exposure. This includes, but is not limited to, gloves, a mask, and safety glasses. These can all be found in our bloodborne pathogen kit.

Our **bloodborne pathogen** kit can be found:

- **Health and Safety Manual:**

I understand that our Health and Safety Manual sums up the overall company philosophy towards Health and Safety in the workplace. I am aware that the manual is available for me to review.

Our **Health and Safety Manual** can be found:

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Supervisor Signature

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Date

**Safety Pledge:** By my signature, I am declaring that I understand the above orientation process. I also understand my responsibilities toward the safety and health of myself and my co-workers.

I am agreeing to comply with all safety and health requirements and understand their importance to our company.

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Printed Name

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Employee Signature

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Date