

Inspection Date	Name of Inspecting Person (Print)	Type of Check <b>3</b> <input type="checkbox"/> Pre Shift Check <input checked="" type="checkbox"/> Daily Check	Pallet Jack Failings / Notes
Inspection Time	Pallet Jack #		

  

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>LOAD WHEELS</b>	<b>STEER WHEELS</b>
Roll smoothly - free from debris	Roll smoothly - no damage
Surfaces clean	<b>TILLER</b>
No splits in tire	Returns to vertical when released
No cracks or damage to wheels	Secure-no bolts missing
	All buttons in place and working
	Brake works when handle upright
	Emergency collision button works
	Horn
	<b>STEERING</b>
	Steering gear
	Forward
	Backing up
	Emergency stop
	Anti-crush button
	<b>LIFT ACTION</b>
	Lift to full height
	Lowers smoothly
	<b>BATTERY</b>
	Battery connections
	Battery secure
	Electrolyte levels
	<b>GENERAL CONDITION</b>
	No damage to body
	No cracks / damage to forks
	No leaks

Pallet Jack O.K.  Unsafe   
 3 As necessary

**PALLET JACK INSPECTION**

**PALLET JACK RECORD SLIP**

Mark '  ' in Inspection Boxes if OK  
 Mark ' X ' in every box requiring attention  
 Mark ' N/A ' in every box not applicable

Signature of Inspecting Person
Job Title of Inspecting Person