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Inspection Date	Name of Inspecting Person (Print)	Type of Check 4	<input type="checkbox"/> Pre Shift Check <input type="checkbox"/> Daily Check	Telehandler / Lull Failings / Notes
Inspection Time	Equipment ID			
HOUR METER				Telehandler / Lull Pass <input type="checkbox"/> Fail <input type="checkbox"/> 4 As required

✓	X		
		WARNING DEVICES	
		Backing-up Bleeper	
		Horn	
		Flashing Beacon	
		CAB	
		Clean Windshield	
		Mirrors	
		Load Chart	
		Drivers Seat	
		Seat Belt	
		Controls	
		Foot Brake	
		Park Brake	
		Washers / Wipers	
		Access Steps	
		CLEANLINESS	
		Cab	
		Engine	
		Chassis	
		Radiator	
		Air Filter	
		LEVELS	
		Fuel	
		Engine Oil	
		Transmission	
		Radiator	
		Washers	
		HYDRAULICS	
		Oil Level	
		Hose Condition	
		Attachment Point	
		No Leaks	
		Mast / Boom	
		WHEELS/TIRES	
		Damage	
		Wear	
		Wheel Nuts	
		LIGHTS	
		Front	
		Rear	
		ATTACHMENTS	
		Forks	
		Bucket	
		Attachment Point	
		BODYWORK	
		Mud Guards	
		Bodywork Condition	
		No Excessive Noise	
		No Excessive Vibration	
		Battery	
		Alternator Belt	

TELEHANDLER / LULL 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

Position of Inspecting Person