

# OSHA Forklift Safety Inspection

## FORKLIFT INFORMATION

Forklift Make/Model

Forklift Serial Number

Date of Inspection

Inspector Name

### INSTRUCTIONS:

This checklist is designed to conduct a comprehensive safety inspection of the forklift to ensure compliance with OSHA regulations and identify potential safety hazards. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas for improvement. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

## OPERATOR'S COMPARTMENT

Seat and Seatbelt: Check the seat condition and functionality of the seatbelt.

Yes

No

NA

Controls: Test the functionality of all controls (e.g., steering, brakes, horn).

Yes

No

NA

Gauges and Indicators: Verify the accuracy and readability of gauges and indicators.

Yes

No

NA

Observations / Notes /  
Corrective actions, if any:

## LOAD HANDLING

Fork Condition: Inspect the forks for cracks, damage, or signs of wear.

Yes

No

NA

Load Backrest Extension: Ensure the presence and secure attachment of the load backrest extension.

Yes

No

NA

Load Capacity Plate: Verify the load capacity plate is readable and accurate.

Yes

No

NA

Observations / Notes /  
Corrective actions, if any:

## MAST AND CHAINS

Mast Condition: Inspect the mast for any damage or misalignment.

Yes

No

NA

Lift Chains: Check lift chains for proper tension and signs of wear.

Yes

No

NA

Hydraulic System: Ensure the hydraulic system is free from leaks.

Yes

No

NA

Observations / Notes /  
Corrective actions, if any:

## TIRES AND WHEELS

Tire Condition: Inspect all tires for proper inflation and signs of damage.

Yes  No  NA

Wheel Nuts: Verify the tightness of wheel nuts.

Yes  No  NA

Tire Tread: Check tire tread depth for sufficient traction.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## BRAKES AND STEERING

Brake System: Test the functionality of the braking system.

Yes  No  NA

Parking Brake: Verify the parking brake engages and disengages properly.

Yes  No  NA

Steering System: Check the steering system for smooth operation.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## ENGINE AND EXHAUST

Engine Condition: Inspect the engine for leaks or unusual noises.

Yes  No  NA

Exhaust System: Ensure the exhaust system is free from leaks and directed away from the operator.

Yes  No  NA

Emissions: Check for compliance with emissions standards.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## SAFETY FEATURES

Overhead Guard: Verify the presence and condition of the overhead guard.

Yes  No  NA

Back-up Alarm: Test the functionality of the back-up alarm.

Yes  No  NA

Lights and Warning Devices: Ensure all lights and warning devices are operational.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## BATTERY (IF APPLICABLE)

Battery Condition: Inspect the battery for damage or leaks.

Yes  No  NA

Battery Cables: Check battery cables for secure connections and signs of wear.

Yes  No  NA

Battery Charger: Verify the proper functioning of the battery charger (if applicable).

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## OPERATOR CERTIFICATION AND TRAINING

Operator's Certification: Check for the presence of a valid forklift operator's certification.

Yes  No  NA

Operator's Training: Ensure the operator has received proper forklift safety training.

Yes  No  NA

License Display: Verify that the operator's license is displayed on the forklift.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## ADDITIONAL NOTES/OBSERVATIONS

[Insert any additional notes or Forklift Safety Inspection observations made during the inspection]

## STATEMENT OF INSPECTION

I hereby certify that I have conducted the above OSHA forklift safety inspection and that the forklift has been thoroughly inspected for compliance with OSHA regulations and safety standards. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name :

Signature :

Date :

## APPROVED BY

Name :

Signature :

Date :

Inspection template by:



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