



CITY OF OMAHA

FORKLIFT PRE-USE INSPECTION/ OPERATIONAL CHECKLIST

Operator (Print Name) _____

DAY	DATE	SHIFT	Equipment #	Reviewed for completeness and accuracy.
Sunday				SHIFT C.M.F. (Print Name Below):
Monday				
Tuesday				
Wednesday				
Thursday				Date Verified:
Friday				
Saturday				

Operator Safety	Forks and Carriage																																																																																																																																																			
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Notes: Any defect (s) found, a Vehicle Trouble Report **must** be completed and turned into your supervisor before operating. Do a quick walk around at the end of your shift and Note discrepancies below. It may include a Vehicle Trouble Report.

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday