

Operator's Daily Report

Engine-Powered Lift Trucks

Truck No: _____ Make: _____ Date: _____

Name: _____

Department/Shop: _____

CHECK EACH ITEM If OK, write OK	SHIFT			Explain below if not OK or any other action taken
	Start	During	End	
1. Fuel level				
2. Oil level and pressure				
3. Water level and fan belt				
4. Brakes - service and parking				
5. Lights - head, tail and warning				
6. Horn/Back up alarm				
7. Hour meter and gauges				
8. Steering				
9. Tires				
10. Hydraulic controls				
11. Other conditions				
Remarks and additional explanation or suggestions:				

Operator's Signature: _____