

PRE-OPERATIONAL VEHICLE INSPECTION (CIRCLE CHECK)

FUEL SOURCE

	YES	NO	N/A
Did the operator check for fuel leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the fuel level checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the cylinder's condition checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator ensure that the cylinder straps were secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the condition of the cylinder hose & connections checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

TIRES

	YES	NO	N/A
Were tire inflation levels checked by operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator check for wear or damage?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the operator check the lug nuts?	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

FORKS & CARRIAGE ASSEMBLY

	YES	NO
Was the condition of the forks and heels checked?	<input type="checkbox"/>	<input type="checkbox"/>
Were the forks checked by the operator to see if they were locked?	<input type="checkbox"/>	<input type="checkbox"/>
Were the mast channels checked for clearance?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator check the condition of the hoses & fittings?	<input type="checkbox"/>	<input type="checkbox"/>
Was the condition of the lift cylinders checked?	<input type="checkbox"/>	<input type="checkbox"/>
Was the alignment of the mast and carriage checked?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator check the lift chain tension?	<input type="checkbox"/>	<input type="checkbox"/>
Was the condition of the backrest checked?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

ENGINE COMPARTMENT

	YES	NO
Was the floor checked for fluid leaks?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator check engine oil level?	<input type="checkbox"/>	<input type="checkbox"/>
Was the engine coolant level checked?	<input type="checkbox"/>	<input type="checkbox"/>
Was the hydraulic oil level checked?	<input type="checkbox"/>	<input type="checkbox"/>
Was the brake fluid level checked?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator check the transmission fluid level?	<input type="checkbox"/>	<input type="checkbox"/>
Was the condition of the air filter checked?	<input type="checkbox"/>	<input type="checkbox"/>
Was the condition and tension of belts checked?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator check the fire extinguisher (condition & charge)?	<input type="checkbox"/>	<input type="checkbox"/>

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BATTERY

	YES	NO
Was the condition of cables and connections checked?	<input type="checkbox"/>	<input type="checkbox"/>
Were electrolyte spills neutralized and cleaned up?	<input type="checkbox"/>	<input type="checkbox"/>
Were electrolyte levels topped up?	<input type="checkbox"/>	<input type="checkbox"/>
Were hydrometer readings taken correctly?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

OPERATOR'S COMPARTMENT

	YES	NO
Was the condition of the overhead guard checked?	<input type="checkbox"/>	<input type="checkbox"/>
Was the window checked for cracks?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator check condition of the seat/seat belt?	<input type="checkbox"/>	<input type="checkbox"/>
Was the brake pedal checked for abnormal play?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

AFTER STARTING ENGINE

	YES	NO
Were abnormal sounds / vibrations noted and logged?	<input type="checkbox"/>	<input type="checkbox"/>
Was the engine oil pressure gauge checked?	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature gauge checked?	<input type="checkbox"/>	<input type="checkbox"/>
Was the horn and backup alarm tested?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator check the lights?	<input type="checkbox"/>	<input type="checkbox"/>
Was the gear shift checked?	<input type="checkbox"/>	<input type="checkbox"/>
Were the parking brakes checked?	<input type="checkbox"/>	<input type="checkbox"/>
Were the hydraulic controls checked?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator check the service brakes?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

USING A PERSONNEL CARRIER

	YES	NO
Was the forklift parked on level ground?	<input type="checkbox"/>	<input type="checkbox"/>
Was the parking brake engaged before personnel were raised?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator use tape, pile-ons or other devices as a precautionary measure?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator ensure the cage was in safe condition before raising personnel?	<input type="checkbox"/>	<input type="checkbox"/>
Was the cage properly secured to the mast fork support?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator pay close attention to the worker's signals as the platform was raised?	<input type="checkbox"/>	<input type="checkbox"/>
Was the platform lowered slowly and smoothly?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator ensure no one walked under the cage while it was elevated?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator exceed the load capacity of the lift truck at any time?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator stay at the controls at all times?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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POWER SUPPLY

BATTERY CHARGING PROCEDURE

	YES	NO
Did the operator check to see if the area was properly ventilated?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator check the condition of the battery, cables and charge?	<input type="checkbox"/>	<input type="checkbox"/>
Was all necessary p.p.e. worn (i.e. gloves, eye protection, apron)?	<input type="checkbox"/>	<input type="checkbox"/>
Was the charger turned off before the battery was connected and disconnected?	<input type="checkbox"/>	<input type="checkbox"/>
Were any electrolyte spills properly neutralized and cleaned up?	<input type="checkbox"/>	<input type="checkbox"/>
Were water levels checked?	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator demonstrate how to take a hydrometer reading?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

CHANGING A PROPANE CYLINDER

	YES	NO	N/A
Did the operator lower the forks to the floor and engage the brakes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was all necessary p.p.e. worn by the operator (i.e. thermal gloves)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator turn the cylinder valve off and let the truck stall out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a safe lifting technique used to removed and carry the cylinder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator ensure a WHMIS label was on the new cylinder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the operator ensure the pressure relief valve was pointing up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once connected, was the cylinder valve slowly turned on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

VEHICLE OPERATION (WITHOUT LOAD)

LOAD PICK UP & TRAVEL

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Did the operator look around for pedestrians or other traffic before moving the vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the operator travel with the forks in the lowered position (e.g. 10 cm/4" above floor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the operator look in the direction of travel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were passengers allowed to ride on the vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were speed limits observed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were all starts, stops, and turns made gradually and smoothly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was the horn sounded at blind spots, intersections and as other vehicles or pedestrians were approached? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Were pedestrians given the right of way at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did the operator ascend ramps/inclines facing the vehicle in a backwards position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Were railway tracks crossed slowly and where possible, diagonally? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did the operator enter any area where the vehicle is not approved for use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Did the operator observe all local safety rules and procedures for forklift operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did the operator exercise caution and good judgment at all times? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

VEHICLE OPERATON (UNDERLOAD)

LOAD PICK UP & TRAVEL

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Did the operator approach the load squarely and centrally with the forks level? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were the forks spread as wide as possible under the load before it was lifted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the mast tilted backwards slowly to stabilize the load? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the operator look both ways for pedestrians or other vehicles before backing up? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the operator exceed the load capacity of the forklift at any time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. When ascending ramps, did the operator travel with the load on the uphill side? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. When descending ramps, did the operator travel with the load on the uphill side? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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STACKING A LOAD

YES **NO**

- | | | |
|---|--------------------------|--------------------------|
| 1. Did the operator approach the stack squarely? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was the forklift brought to a complete stop before the load was lifted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the load raised above the top of the stack before the forklift was moved? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the operator move the vehicle slowly forward, and then carefully lower the load? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the operator check for pedestrians or other vehicles before moving backwards? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

SHUTDOWN PROCEDURE

YES **NO**

- | | | |
|---|--------------------------|--------------------------|
| 1. Was the forklift parked away from any aisles, fire exits and equipment, or tracks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were the emergency brakes engaged before the operator left the cab? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the ignition turned off? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were the forks lowered to the floor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If parked on an incline, were the wheels blocked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If parked near the edge of a dock, was the vehicle parked in a parallel position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were all final entries made on the Operator's Daily Checklist? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

FURTHER COMMENTS: