

Time

**Date** 

**Signature** 

## **Daily Operator Check List**

Electric Lift Truck

## Check NO where problems are detected.

Shift \_\_\_\_\_ Truck # \_\_\_\_

	Visual and Operational Inspection	Walkaround
<b>NO</b>	Comments  Exterior	11 12 13 14 14 15 15 16 16 7 17 6 18 18 18 19 20 21 22 23 23 24 1
Details		

Operator\_\_\_\_\_