## **Reach Truck** Daily Operator Check List

To be performed at the beginning of each shift

Week Sta	arting Date: _				
Hour Met	ter Start:				
Truck #:					
Shift:	1st	2nd	3rd		

Use a  $\checkmark$  if ok, Use an X if a problem exists. Report all problems immediately.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Overhead Guard							
Hydraulic Cylinders Dry							
Lift Chains and Rollers							
Tires and Load Wheels							
Battery Secured; Cables in Good Shape							
Brakes and Deadman Brake Working							
Headlights; Strobe Light and Gauges							
Horn and Back Up Alarm							
Battery Discharge Indicator							
Battery Safety Door in Place							
Forks							
Check Under Trucks for Leaks							
Manufacturers Nameplate Legible							
All Safety Decals Legible							
Operators Manual in Place and Legible							

Comments: \_

**Operator:** (Print Name)



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