

HOUSTON CONTROLS

Job:		Equipment No:		Week Ending		Equipment Type: (circle One) Fork Lift Scissor Lift Boom Lift	
Location:		Manufacturer:		OSHA INSPECTION DATE		____/____/____	
Date Inspected		Model:		Fuel Level:			
Mon ___/___/___	Tue ___/___/___	Wed ___/___/___	Thu ___/___/___	Fri ___/___/___	Sat ___/___/___	Sun ___/___/___	
Inspector _____	Inspector _____	Inspector _____	Inspector _____	Inspector _____	Inspector _____	Inspector _____	Inspector _____
Safety Checklist	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
Operating Manual							
All Controls Labeled							
Placard & Warning Labels							
Structural Components OK							
Fluid Leaks							
Tires & Wheels are good							
Fire Extinguisher							
Beacon Light Working							
Hydraulic Hoses OK							
Backup Alarm Working							
Controls Functions OK							
Upper							
Lower							
Emergency Lowering							
Emergency Stop Switch							
Dead-Man							
Housekeeping							
Equipment is clean							
Fluid Levels	OK LOW	OK LOW	OK LOW	OK LOW	OK LOW	OK LOW	OK LOW
Engine Water Level							
Engine Oil Level							
Battery Fluid Level							
Hydraulic Fluid Level							
Overall Condon of Lift	Safe Unsafe	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
Overall Condon of Lift							

Comments: All "NO", "LOW" or "UNSAFE" conditions must have **COMMENTS** and **BE CORRECTED BEFORE USING EQUIPMENT**.

Mon: _____

Tue: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____