Pre/Post Trip Inspection

1. Equipment Mnemonic *

   ◯ Option A

   ◯ Option B

   ◯ Option C

   ◯ Option D

   ◯ Option F

   ◯ Option G

   ◯ Option H

   ◯ Option I

2. Hour Meter *

   [   ]

   The value must be a number

3. Operator Name *

◯ Dean Enochs

◯ Zion Gee

◯ Harrison Guthrie

◯ Jessica Harris

◯ Brandon Hinton

◯ Emmanuel Hiraldo

◯ Ryan Mascio

◯ Autumn Miller

◯ Jacob Preece

◯ Jada Schlenk

◯ Alesha Simpson

◯ Ryan Wiggand

◯ Eric Wilson

4. Today's Date *

Please input date (M/d/yyyy) 🗓

5. Battery *

○ Pass

○ Fail

6. Brakes (including all brakes) *

○ Pass

○ Fail

7. Cables & Hoses *

○ Pass

○ Fail

8. Cleanliness *

○ Pass

○ Fail

9. Damage *

    ◯ Pass

    ◯ Fail

10. Forks and Pallet Clamp *

    ◯ Pass

    ◯ Fail

11. Horn *

    ◯ Pass

    ◯ Fail

12. Hyrdraulics & Chains *

    ◯ Pass

    ◯ Fail

13. Lanyard and Harness *

- ◯ Pass
- ◯ Fail
- ◯ N/A

14. Leaks *

- ◯ Pass
- ◯ Fail

15. Lights & Attachments *

- ◯ Pass
- ◯ Fail

16. Limit Switch *

- ◯ Pass
- ◯ Fail
- ◯ N/A

17. Power Disconnect *

- ◯ Pass
- ◯ Fail

18. Safety Devices/Guards *

- ◯ Pass
- ◯ Fail

19. Steering/Travel Controls *

- ◯ Pass
- ◯ Fail

20. Strobe/Beacon Light *

- ◯ Pass
- ◯ Fail
- ◯ N/A

21. Throttle (Forward/Reverse) *

  ◯ Pass

  ◯ Fail

22. Wheels & Tires (all) *

  ◯ Pass

  ◯ Fail

23. Additional Comments

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  │   │
  │   │
  │   │
  └───┘

24. Do you verify that this equipment is safe to use? *

○ Yes

○ No

25. Are you currently licensed for this equipment? *

○ Yes

○ No

26. What is the expiration date for your license? *

Please input date (M/d/yyyy) 🗓