



ELECTRIC WALKIE STACKER OPEATOR DAILY CHECKLIST

DATE	<input type="text"/>	INSPECTED BY	<input type="text"/>
MAKE	<input type="text"/>	MODEL	<input type="text"/>
		S/N#	<input type="text"/>
HOUR	<input type="text"/>	VOLTAGE	<input type="text"/>

MARK CIRCLE if NO PROBLEMS Visible. KEEP UNMARKED and WRITE IN Comment if PROBLEMS ARE PRESENT.

VISUAL INSPECTIONS

Write Comments

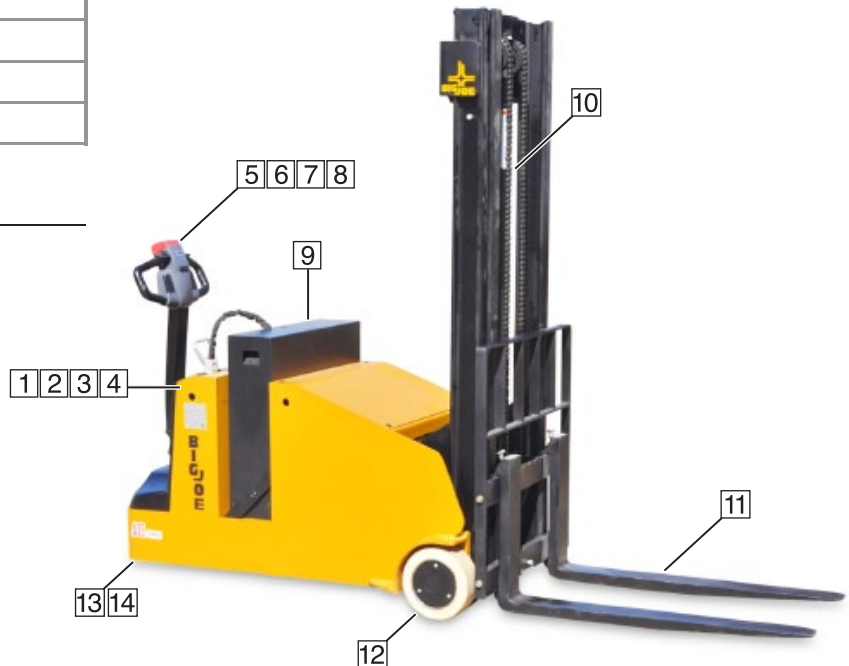
1	<input type="checkbox"/> Main ON/OFF Switch
2	<input type="checkbox"/> Hour Meter
3	<input type="checkbox"/> Key Switch
4	<input type="checkbox"/> Spec Plate Location
5	<input type="checkbox"/> Directional/Speed Control
6	<input type="checkbox"/> Emergency Reverse Button
7	<input type="checkbox"/> Horn Button
8	<input type="checkbox"/> Lift/Lower Button/Lever
9	<input type="checkbox"/> Battery
	<input type="checkbox"/> Vent Caps
	<input type="checkbox"/> Connector Covers
	<input type="checkbox"/> Cables
	<input type="checkbox"/> Water Level
10	<input type="checkbox"/> Lift Cylinder
11	<input type="checkbox"/> Forks
12	<input type="checkbox"/> Load Wheels
13	<input type="checkbox"/> Drive Wheel
14	<input type="checkbox"/> Caster Wheel

OPERATIONAL INSPECTIONS

Write Comments

A	<input type="checkbox"/> Listen for Unusual Noise
B	<input type="checkbox"/> Lifting Control
C	<input type="checkbox"/> Forward & Reverse Travel
	<input type="checkbox"/> Accelerator
	<input type="checkbox"/> Steering
	<input type="checkbox"/> Braking
	<input type="checkbox"/> Back-Up Alarm (If Equipped)
D	<input type="checkbox"/> Horn
E	<input type="checkbox"/> Gauges
F	<input type="checkbox"/> Leak Spots

SIGNATURE: _____



WARNING: All parts and items which may need inspecting are not reflected in this worksheet. Operators are responsible for guaranteeing that the equipment is in proper working condition and in conformance with specifications. If any problems are found - DO NOT operate the equipment and immediately notify supervisor or manager.



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