



POWERED INDUSTRIAL TRUCK MAINTENANCE LOG

DATE	TRUCK NUMBER	BUILDING NUMBER	SHIFT
<input type="checkbox"/> INTERNAL COMBUSTION	<input type="checkbox"/> ELECTRIC	HOUR METER	
		START _____ END _____ TOTAL HRS. _____	
MECHANIC'S SIGNATURE		SUPERVISOR'S SIGNATURE	

CHECK THE APPROPRIATE BOX AND PROVIDE DETAILS BELOW AS NEEDED

OK	NEEDS REPAIR	INSPECTION ITEM	OK	NEEDS REPAIR	INSPECTION ITEM
<input type="checkbox"/>	<input type="checkbox"/>	ACCELERATOR	<input type="checkbox"/>	<input type="checkbox"/>	HOUR METER
<input type="checkbox"/>	<input type="checkbox"/>	ALARMS	<input type="checkbox"/>	<input type="checkbox"/>	HYDRAULIC CONTROLS
<input type="checkbox"/>	<input type="checkbox"/>	BATTERY CONNECTOR	<input type="checkbox"/>	<input type="checkbox"/>	LIGHTS – HEAD AND TAIL
<input type="checkbox"/>	<input type="checkbox"/>	BATTERY – DISCHARGE INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	LIGHTS – WARNING
<input type="checkbox"/>	<input type="checkbox"/>	BELTS	<input type="checkbox"/>	<input type="checkbox"/>	MAST
<input type="checkbox"/>	<input type="checkbox"/>	BRAKES – PARKING	<input type="checkbox"/>	<input type="checkbox"/>	OIL LEAKS
<input type="checkbox"/>	<input type="checkbox"/>	BRAKES – SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	OIL PRESSURE
<input type="checkbox"/>	<input type="checkbox"/>	CABLES	<input type="checkbox"/>	<input type="checkbox"/>	OVERHEAD GUARD
<input type="checkbox"/>	<input type="checkbox"/>	ENGINE OIL LEVEL	<input type="checkbox"/>	<input type="checkbox"/>	RADIATOR LEVEL
<input type="checkbox"/>	<input type="checkbox"/>	FORKS	<input type="checkbox"/>	<input type="checkbox"/>	SAFETY EQUIPMENT
<input type="checkbox"/>	<input type="checkbox"/>	FUEL LEVEL	<input type="checkbox"/>	<input type="checkbox"/>	STEERING
<input type="checkbox"/>	<input type="checkbox"/>	GAUGES	<input type="checkbox"/>	<input type="checkbox"/>	TIRES
<input type="checkbox"/>	<input type="checkbox"/>	HORN	<input type="checkbox"/>	<input type="checkbox"/>	UNUSUAL NOISES
<input type="checkbox"/>	<input type="checkbox"/>	HOSES	<input type="checkbox"/>	<input type="checkbox"/>	OTHER

DETAILS: _____



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