## FORKLIFT B SERVICE SHEET



COMPANY: _	
FLEET NO:	 SI

PEEDO: \_\_\_\_\_ INVOICE/JOB NO: \_\_\_\_\_\_ DATE: \_\_\_\_\_

ITEMS TO BE CHECKED	B SERVICE	COMMENTS
Deflectors (morning signs /	Chaol	
Reflectors/warning signs/conspicuity markings	Check	
Cabin condition/clean	Check	
All cabin switches/controls	Check	
Seat condition/secure	Check/Repair	
Seatbelt condition/secure	Check/Repair	
All outstanding repair requests signed off	Yes	
All lights/instruments	Check	
Warning buzzers/lamps	Check	
Check hydraulic system for leaks	Check/Repair	
Inspect chains and tines	Check/Repair	
Check bodywork and attachments	Check/Repair	
Tyres & wheel nuts condition/tension	Check/Adjust	
Mudguards condition/secure	Check	
Jack/wheel brace/safety triangles	Check	
Batteries level/load test	Check/Test	
Batteries leads/terminal condition/secure	Check	
Body condition	Check	
Change engine oil and filters	Replace	
Replace fuel filters	Replace	
Engine oil level/leaks	Check/Repair	
Coolant level/leaks	Check/Repair	
Air filter	Check	
Powersteering level/leaks	Check/Repair	
Wiper washer condition/level	Check/Repair	
Wiper blade condition	Check/Replace	
Check all belts/idlers	Check/Repair	
Check all hoses	Check/Repair	
Gearbox level	Check	
Diff levels	Check	
Air tanks drained	Check/Drain	
Engine mounts	Check	
Gearbox mounts	Check	
Exhaust system	Check	
	Check	
Chassis/cross members	CHECK	
Suspension bushes	Check/Lube	
Steering linkages/joints	Check/Lube	
Kingpins condition/movement	Check/Lube	
Grease all points	Check/Lube	
Shackle pins/bushes	Check/Lube	
Springs/hangers/airbags	Check/Lube	
Check/adjust brakes/linings	Check/Adjust	
Wheel bearing front/steer only	Check/Adjust	
Tailshaft/uni joints	Check/Lube	
Road test	Yes/No	
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I have completed the service by the above check list

Mechanic Name (Print):\_\_\_\_\_\_ Mechanic Sign:\_\_\_\_\_

Supervisor Name (Print):\_\_\_\_\_\_ Supervisor Sign:\_\_\_\_\_\_