Telehandler checklist

Date _____ **Time** _____

Site or location _____ **Operator name** _____

Machine make, model and unit number _____ **Hour meter reading** _____

Before you start (engine off)

	Pass	Fail	N/A
Operator's manual and the load chart are in the cab and readable	☐	☐	☐
Cab frame, overhead guard and glass are intact	☐	☐	☐
Seat, seat belt and any restraint are in good condition	☐	☐	☐
Boom sections, wear pads and chains show no cracks, bends or wear	☐	☐	☐
Forks or attachment are undamaged, and the carriage latch locks fully	☐	☐	☐
Stabilizers or outriggers extend, retract and lock, where fitted	☐	☐	☐
Hydraulic hoses, cylinders and fittings are free of leaks	☐	☐	☐
Tires and wheels are in good condition, and lug nuts are tight	☐	☐	☐
Engine oil, coolant, hydraulic fluid and fuel levels are correct	☐	☐	☐
Mirrors, lights and warning labels are clean and undamaged	☐	☐	☐

After you start (engine on)

	Pass	Fail	N/A
Gauges and warning lights work, and none stay on	☐	☐	☐
Horn, back-up alarm and lights work	☐	☐	☐
Steering modes work: front, crab and four-wheel	☐	☐	☐
Service brake stops the machine, and the parking brake holds	☐	☐	☐
Boom lifts, extends, lowers and retracts smoothly, and holds when released	☐	☐	☐
Attachment tilt and any side-shift work smoothly	☐	☐	☐
Frame leveling works, where fitted	☐	☐	☐
Load moment indicator or load-limit warning works, where fitted	☐	☐	☐
No unusual noises, smells or vibration	☐	☐	☐
Fire extinguisher is in place, if your site requires one	☐	☐	☐

Load and route

	Pass	Fail	N/A
Load weight and its center are known and within the load chart for this reach and height	☐	☐	☐
Load is secure on the forks or attachment	☐	☐	☐
Ground is firm and level for the lift, with no soft spots or slopes	☐	☐	☐
Travel route is clear of people, power lines and overhead hazards	☐	☐	☐
Operator is trained on this machine and reads the load chart	☐	☐	☐

Defects found and action taken

_____

_____

_____

Taken out of service? ☐ Yes ☐ No **Reported to** _____

Inspector signature _____ **Date** _____

Supervisor review _____ **Date** _____