Counterbalance | Pre-shift check

Site/company: _____ Operator: _____

Date: _____ Time/shift: _____ Hour meter: _____

Truck ID: _____ Make/model: _____

Attachment: _____ Power: Electric / Diesel / LPG / Other: _____

Use before each shift. Follow the machine handbook and site procedure; add model-specific checks below. Tick one result per item: Pass / Defect / N/A (not applicable). An unchecked item is not a pass.

A. VISUAL CHECKS - parked, lowered and switched off	Pass	Defect	N/A
01 Previous defects cleared; handbook and capacity plate readable.	☐	☐	☐
02 Tyres: wear, cuts, debris; pneumatic pressure to handbook.	☐	☐	☐
03 Wheels, rims and wheel fixings: condition and security.	☐	☐	☐
04 Forks: heels, tips, mounting hooks and positioning locks.	☐	☐	☐
05 Mast, carriage, chains, anchors and rollers: visible condition.	☐	☐	☐
06 Hydraulics: hoses, cylinders, leaks and specified fluid level.	☐	☐	☐
07 Overhead guard, backrest, counterweight and panels secure.	☐	☐	☐
08 Attachment, mountings and hoses; correct capacity plate.	☐	☐	☐
09 Seat, belt/restraint, access steps and floor: clean and sound.	☐	☐	☐
10 Mirrors, glazing and visibility aids: clean and undamaged.	☐	☐	☐
B. POWER SOURCE - relevant items only	**Pass**	**Defect**	**N/A**
11 Electric: battery secure, charged; cables/connector sound.	☐	☐	☐
12 Electric: no battery damage/leaks; charger lead safely stowed.	☐	☐	☐
13 Engine: fuel, oils/coolant per handbook; no leaks; hoses/belts.	☐	☐	☐
14 LPG: cylinder correctly secured; fittings/hoses sound; no leaks.	☐	☐	☐
C. FUNCTION CHECKS - clear, authorised test area	**Pass**	**Defect**	**N/A**
15 Instruments, warnings and fitted safety interlocks operate.	☐	☐	☐
16 Horn, lights, beacon and fitted alarms operate correctly.	☐	☐	☐
17 Steering, travel/direction controls and pedals respond.	☐	☐	☐
18 Service brake and parking brake function correctly.	☐	☐	☐
19 Lift, lower, tilt and attachment functions operate correctly.	☐	☐	☐
20 No abnormal noise, vibration, leaks or excessive exhaust.	☐	☐	☐

Additional handbook/site checks and results: _____

Defects / item numbers / action (continue on a referenced sheet if needed):

Reported to: _____ Date/time: _____

☐ **Checks satisfactory - safe to use** ☐ **DO NOT USE - isolated / VOR**

Operator signature: _____ Instructor (if training): _____

If unsafe or unsure: stop, park safely, report and prevent use. Attach a VOR (Vehicle Off Road) notice and follow site isolation procedures. Return to service only after authorised clearance. Record clearance separately.

Trained checks only: never reach into moving parts, feel for hydraulic leaks or open a hot coolant system. Use safe handbook test methods. This sheet does not replace maintenance or thorough examination.

Reference: HSE L117, paras 161-164; Toyota pre-operation guidance. Adapt to the actual truck.