VNA man-up | Pre-shift check

Site/company: _____ Operator: _____

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

Truck ID: _____ Make/model: _____

Attachment: _____ Battery type/ID: _____

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 Drive/load wheels, tyres and fixings: wear, damage and debris.	☐	☐	☐
03 Mast, cabin lift chains, anchors and rollers: visible condition.	☐	☐	☐
04 Forks, locks, carriage and backrest: condition and security.	☐	☐	☐
05 Turret/traverse assembly, guides and stops: visible condition.	☐	☐	☐
06 Hydraulics, moving hoses/cables and specified fluid level.	☐	☐	☐
07 Cabin, overhead guard, barriers/gates and latches sound.	☐	☐	☐
08 Seat/platform, access and fitted operator protection sound.	☐	☐	☐
09 Guide rollers/sensors and fitted scanners clean/undamaged.	☐	☐	☐
10 Visibility aids and attachment: condition and security.	☐	☐	☐
B. BATTERY AND ELECTRICS	**Pass**	**Defect**	**N/A**
11 Battery securely fitted; covers, cables and connector sound.	☐	☐	☐
12 No damage/leaks; battery checks and charge per handbook.	☐	☐	☐
13 Charger off/disconnected; charging lead safely stowed.	☐	☐	☐
C. FUNCTION CHECKS - clear, authorised test area	**Pass**	**Defect**	**N/A**
14 Display, horn, fitted lights/alarms and emergency stop work.	☐	☐	☐
15 Gate/barrier interlocks and operator-presence controls work.	☐	☐	☐
16 Steering/travel and automatic/service/parking brakes work.	☐	☐	☐
17 Cabin and fork lifting/lowering smooth; no abnormal leaks.	☐	☐	☐
18 Turret rotation and fork traverse smooth; hoses/cables clear.	☐	☐	☐
19 Fitted guidance, aisle-end stops and limits: handbook tests.	☐	☐	☐
D. EMERGENCY READINESS - before raising the cabin	**Pass**	**Defect**	**N/A**
20 Emergency lowering: access and checks per handbook.	☐	☐	☐
21 Rescue plan/help available; communications and required kit.	☐	☐	☐

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.

Use trained personnel and handbook test methods only. Never bypass interlocks or use people to test scanners. No improvised lowering or descent tests; check specified rescue/PPE equipment before use. Use safe handbook test methods. This sheet does not replace maintenance or thorough examination.