

Facilities Development and Operations

**ELECTRIC CART/FORK LIFT/BOOMLIFT
TRACTOR/MOWER
SIX MONTH SAFETY INSPECTION/SERVICE**

Date_____ Vehicle Number_____ Hour Meter Reading_____

Make _____ Model_____

Department_____ Serviced By_____

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|--|---|
| <input type="checkbox"/> Lubricate Chassis | <input type="checkbox"/> Inspect Motor Mounts |
| <input type="checkbox"/> Check Differential | <input type="checkbox"/> Inspect Brakes |
| <input type="checkbox"/> Check Emergency Brake | <input type="checkbox"/> Check Steering Gear |
| <input type="checkbox"/> Check Batteries | <input type="checkbox"/> Clean and Tighten Battery Terminals |
| <input type="checkbox"/> Inspect Suspension | <input type="checkbox"/> Inspect Condition of Tires |
| <input type="checkbox"/> Inspect Drive Belts | <input type="checkbox"/> Check Lights |
| <input type="checkbox"/> Check Mirrors and Horn | <input type="checkbox"/> Check Warning Devices |
| <input type="checkbox"/> Replace hydraulic filters | <input type="checkbox"/> Inspect/Repair brake/hydraulic leaks |
| <input type="checkbox"/> Inspect/repair hydraulic hoses & chains | |

Other items specific to piece of equipment:

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Note Any Discrepancies or Additional Services Performed: