









Safe Use of Forklift Trucks

Forklift trucks are indispensable in some workplaces, but they can also be dangerous if they are not used properly. When forklift injuries occur, they can be serious given the tremendous weight of these machines. Use this checklist⁺ as a guide to keep you and your workers safe. For more information on how you can keep your workplace safe, go to www.wshc.sg

Name of Company _____ Process/ Location _____

Checked by (Name/ Designation) _____ Date _____

Safety Checks		Please tick (✓) Yes No NA*			If no, action required by:
Forklift is inspected before use. Inspection items include tyre, lighting equipment, foot brake, rear view mirror, and so on.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Date : _____
Forklift is operated by an authorised and trained operator.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Date : _____
Forklift is installed with lap-belt and operators are educated to use it.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Date : _____
All loads handled are in accordance with the height and weight restrictions on the forklift's load chart.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Date : _____
Forklift is not used as a work platform or to lift people.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Date : _____
Designated forklift drive-ways, stipulated in-house speed limit and convex mirrors for checking blind spots are provided.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Date : _____
Alight and board the forklift using three points of contact (hands and feet).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Date : _____
Forklift is completely shut down after use and the ignition key is removed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Date : _____

⁺ This checklist may not cover all aspects of work activities in your workplace. You should review the checklist when there are changes in any work activity.

* NA – Not applicable