GIBBYS
ELECTRONIC SUPERMARKET EST. 1964

TRUCK # _____ **WORK ENDING #** _____

Forklift inspections must be completed daily at the beginning of each shift. If no problems are found, place a check in the **OK** box. If the item does not pass inspection, place a check in the **NEEDS MAINT.** box and describe the problem in the **COMMENTS** section.

HOUR METER READING	#			#			#			#			#			#			#		
PLACE CHECK IN APPLICABLE BOX	DATE ___/___/____			DATE ___/___/____			DATE ___/___/____			DATE ___/___/____			DATE ___/___/____			DATE ___/___/____			DATE ___/___/____		
	OK	NEEDS MAINT	MAINTENANCE APPROVED	OK	NEEDS MAINT	MAINTENANCE APPROVED	OK	NEEDS MAINT	MAINTENANCE APPROVED	OK	NEEDS MAINT	MAINTENANCE APPROVED	OK	NEEDS MAINT	MAINTENANCE APPROVED	OK	NEEDS MAINT	MAINTENANCE APPROVED	OK	NEEDS MAINT	MAINTENANCE APPROVED
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