

# QMS-FOR-81

## MMA APPROVED FORKLIFT EXAMINATION REPORT



**INSTRUCTIONS** (Please PRINT all information clearly and correctly)

1. Have your Approved Repairer/Tester complete the form
2. Return this form via one of the following methods:
  - Deliver to the Customer Service Centre, Tenancy 80, Fruit & Vegetable Buyers' Walk, Ph. 9258-6123
  - Email to [customerservice@melbournemarket.com.au](mailto:customerservice@melbournemarket.com.au)
  - Mail to Melbourne Market Authority, Customer Service Centre, 80/35 Produce Way, Epping, VIC 3076

Market Business Name (Forklift Owner)		VicRoads Registration No:	
Forklift Type <input type="checkbox"/> Gas Forklift <input type="checkbox"/> Electric Forklift <input type="checkbox"/> Other _____		VicRoads Registration Expiry: / /	
Year of Manufacture	Serial No.	Market Registration No:	
Make	Model	Frame No:	Year: / /
Engine Capacity	Fuel Type	Vin No:	

Please indicate if the required standard is met by:  or

<p><b>IDENTIFICATION</b></p> <input type="checkbox"/> Vehicle Rego stickers and plates affixed & visible <p><b>ENGINE TRANSMISSION</b></p> <input type="checkbox"/> Check mountings <input type="checkbox"/> Check for oil leaks (Any Oil Leaks) <p><b>EMISSION CONTROL</b></p> <input type="checkbox"/> Catalytic converter fitted <input type="checkbox"/> Closed loop System fitted <p>Emissions at:                  Idle _____ ppm                  Full Throttle _____ ppm</p> <p><b>SPEED LIMITER</b></p> <input type="checkbox"/> Tested and set to manufacturers specifications (nominal speed 15kmh) <p><b>EXHAUST</b></p> <input type="checkbox"/> Located & terminated away from the operator <p><b>BRAKES</b></p> <input type="checkbox"/> Correctly adjusted <input type="checkbox"/> Check master cylinder / oil leaks <p><b>HAND BRAKE</b></p> <input type="checkbox"/> Adjustability & efficiency <p><b>HYDRAULICS</b></p> <input type="checkbox"/> Holding pressure <input type="checkbox"/> Serviceability of hoses & pipes <input type="checkbox"/> Check for oil leaks <p><b>WHEELS / TYRES</b></p> <input type="checkbox"/> Suitability and serviceability <input type="checkbox"/> Wear & imperfections <p><b>VISIBILITY</b></p> <input type="checkbox"/> Check to ensure maximum visibility from operators position	<p><b>ATTACHMENTS</b></p> <input type="checkbox"/> Correctly positioned & securely mounted load plates references <p><b>CHAINS</b></p> <input type="checkbox"/> Correctly positioned & securely mounted <input type="checkbox"/> Check for Chain Wear <p><b>LOAD BEARING PARTS</b></p> <input type="checkbox"/> Alignment & integrity acceptable wear in mast pivots <p><b>STEERING</b></p> <input type="checkbox"/> King pins, steering linkages & tie rods <input type="checkbox"/> Steering box & / oil leaks <p><b>FORK ARMS</b></p> <input type="checkbox"/> Distortion/straightness & wear <input type="checkbox"/> Serviceability of lock pins <p><b>LOAD LIMIT PLATE</b></p> <input type="checkbox"/> Securely mounted & legible, displaying safe working load <p><b>OVERHEAD GUARDS</b></p> <input type="checkbox"/> Correctly positioned & securely mounted <input type="checkbox"/> Clear & see through LPG <input type="checkbox"/> Securely mounted & clear of combustibles <input type="checkbox"/> Integrity & free of damage <input type="checkbox"/> AFL valve fitted <input type="checkbox"/> Roof mounted gas bottles (AUS standard) <input type="checkbox"/> Rear bottle protection bracket <input type="checkbox"/> Fuel locks off <input type="checkbox"/> Serviceability of hoses & pipes <input type="checkbox"/> Check for leaks <input type="checkbox"/> Cylinder test dates: ____/____/____ <input type="checkbox"/> Gas safety switch fitted <input type="checkbox"/> Cylinder serial # _____ <p><b>WARNING DEVICE</b></p> <input type="checkbox"/> Horn is Audibility & Serviceable Reverse beeper	<p><b>SEAT</b></p> <input type="checkbox"/> Seat belt is fitted <input type="checkbox"/> Adjustable & serviceable condition, i.e. in a stable working condition with seat padding intact <p><b>REVERSING MIRRORS</b></p> <input type="checkbox"/> Securely mounted & adjustable, to manufacturers specifications <p><b>LIGHTS OPERATION/LENSES</b></p> <input type="checkbox"/> Front park <input type="checkbox"/> Rear park <input type="checkbox"/> Work lights <input type="checkbox"/> Brake lights <input type="checkbox"/> Turn signals <input type="checkbox"/> Reflect ability <input type="checkbox"/> Reversing lights <input type="checkbox"/> Amber flashing operating lights <p><b>BATTERY CHECK</b></p> <input type="checkbox"/> Check all battery terminals and cables <input type="checkbox"/> Ensure Battery housing & cradle is secure <p><b>BACK GUARD</b></p> <input type="checkbox"/> Correctly positioned & securely mounted <input type="checkbox"/> Clear & see through <p><b>OPERATOR'S CONTROL</b></p> <input type="checkbox"/> Clearly designated to show functions & direction of movement <p><b>PEDALS</b></p> <input type="checkbox"/> Provided with non-slip surface <p>Date of Examination ____/____/____</p> <p>Examined by: _____</p> <p>Examination Result: (Please Circle) Pass or Fail</p> <p>Comments: _____</p>
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Approved Repairer (Company Name): \_\_\_\_\_

Tested by (Name): \_\_\_\_\_ Tester's Signature: \_\_\_\_\_