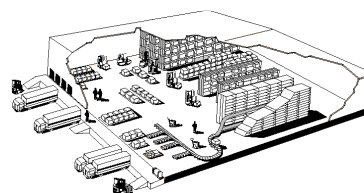


# Lift Truck Forks Inspection & Safety



800-248-9253 • 908-561-0302 Fax • 908-561-2100

### ANSI/ITSDF B-56.1 - 2005

#### 6.2.8 Inspection & Repair of Forks in Service on Fork Lift Trucks

(a) Forks in use shall be inspected at intervals of not more than 12 months (for single shift operations) or whenever any defect or permanent deformation is detected. Severe applications will require more frequent inspection.

(b) Individual Load Rating of Forks. When forks are used in pairs (the normal arrangement), the rated capacity of each fork shall be at least half of the manufacturer's rated capacity of the truck, and at the rated load center distance shown on the lift truck nameplate.

#### User Fork Wear Standards

**If worn or damaged forks are not replaced . . . the potential for fork failure is significantly increased.**

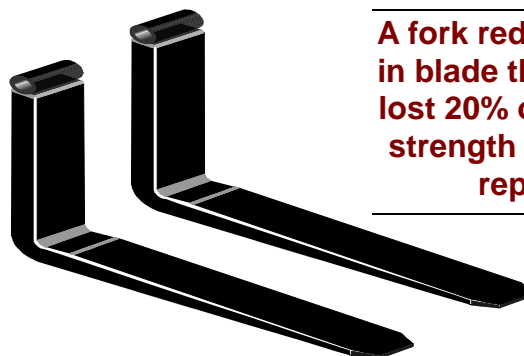
Forks are a critical part of the everyday operation of lift trucks. The stresses, strains and shock loadings to which forks are subjected make it important to regularly inspect them and to replace them when worn or damaged.

#### How Does Fork Wear and Damage Occur?

- ◆ Improper chain adjustments
- ◆ Improper operation of truck
- ◆ Normal wear over time
- ◆ Use beyond rated load capacity
- ◆ Application environment
- ◆ Tire wear

#### Do's and Don'ts

- ◆ Never weld, grind, heat, or attempt to repair forks.
- ◆ Damaged or worn forks must be replaced.



**A fork reduced by 10% in blade thickness has lost 20% of its original strength & should be replaced.**

### Fork Replacement Pricing

<b>Class II 1.5 x 4 x 42", pair</b>	.....	<b>\$382</b>
4-5,000lb Capacity p/n 504111202		Installed, add \$ 65
<b>Class III 1.75 x 5 x 42", pair</b>	.....	<b>\$400</b>
6-8,000lb Capacity p/n 504110202		Installed, add \$ 65

X mark qty above

Offer Ends April 30<sup>th</sup>, 2010.

Plus applicable taxes & freight

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

PO#: \_\_\_\_\_

"Install" \_\_\_\_\_

Phone \_\_\_\_\_

Address: \_\_\_\_\_

Number: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

#### Lift Truck Information:

Hours of Operation: \_\_\_\_\_

Make: \_\_\_\_\_

Road Job # *if applicable* \_\_\_\_\_

Model: \_\_\_\_\_

Technician #: \_\_\_\_\_

Serial \_\_\_\_\_

Number: \_\_\_\_\_

BBF Employee: \_\_\_\_\_