FLEET SURVEY QUESTIONNAIRE

COMPANY INFORMATION:

COMPANY NAME: _____

STREET ADDRESS: _____ PHONE#: _____

CITY: _____ STATE: _____ ZIP: _____ FAX#: _____

CONTACT: _____ TITLE: _____ E-MAIL: _____

OPERATING INFORMATION:

Please indicate "YES" or "NO" for each shift and complete the corresponding information for each shift you operate.

			Hours/Shift	Days/Week	Weeks/Year	Operators per Shift	Technicians per Shift	Supervisors per Shift
SHIFT 1	YES	or NO						
SHIFT 2	YES	or NO						
SHIFT 3	YES	or NO						

FLEET INFORMATION:

What is the total number of lift trucks in your current lift truck fleet? _____ What is the estimated average age of your current fleet? _____

Please list all the makes of lift trucks you currently operate in your fleet: _____

What is the capacity range of your current lift truck fleet? _____ *lbs. to* _____ *lbs.*

How many "stand-by" units do you have in your current fleet? _____

Does your current fleet capacity meet your long term lifting needs? _____

What types of lift trucks do you currently operate in your lift truck fleet? *Please check all that apply*

- ☐ Cushion Tire Sit Down Electric
- ☐ Cushion Tire Stand Up Electrics
- ☐ Walkie Pallet Trucks
- ☐ Walkie/Rider Pallet Trucks
- ☐ Narrow Aisle Reach
- ☐ Orderpickers
- ☐ Turret Trucks
- ☐ Walkie Stackers
- ☐ IC - Cushion Tire
- ☐ IC-Pneumatic Tire

What types of fuel sources do you currently utilize? *Please check all that apply*

☐ LP Gas ☐ Gas ☐ Diesel ☐ Electric ☐ CNG ☐ Dual Fuel

How do your currently handle your equipment maintenance needs? ☐ Internal Maintenance ☐ Outsourced Maintenance

If you have internal maintenance do you have a formal technician training program? ☐ YES ☐ NO

Do you currently track your lift truck maintenance expenditures? ☐ YES ☐ NO

Can you currently determine operating cost per hour or utilization for your current lift truck fleet by asset? ☐ YES ☐ NO

Do you currently track costs associated with avoidable damage for your lift truck fleet? ☐ YES ☐ NO

Do you maintain a log of regular hour meter readings and dates they were recorded? ☐ YES ☐ NO

Do you currently provide operator training according to OSHA regulations? ☐ YES ☐ NO

Do your operators conduct a daily pre-shift inspection according to OSHA regulations? ☐ YES ☐ NO

Do you have current nameplates on all of your equipment? ☐ YES ☐ NO

Do you currently have a comprehensive Periodic Maintenance (PM) program in place for your fleet? ☐ YES ☐ NO

If so, is it scheduled on an hourly or calendar basis? _____

Do you currently utilize any fork, chain, or tire inspection programs provided by a vendor? ☐ YES ☐ NO

Do you lease or own your current lift truck fleet?

☐ Lease ☐ Own ☐ Both If both, what is the estimated mix? ☐ % Lease ☐ % Own

What is your current depreciation schedule and method for lift trucks? _____

How many rental units do you currently have in your fleet? _____ Short-Term _____ Long-Term

How many different suppliers do you currently work with for sales, parts and service, and rentals?

Sales ☐ *Parts* ☐ *Service* ☐ *Rentals* ☐

Do you utilize allied equipment such as sweepers, scrubbers, aerial work platforms, and personnel carriers in your facility? ☐ YES ☐ NO

Do you currently have capital money budgeted for new fork lift purchases? ☐ YES ☐ NO

PLEASE COMPLETE AND RETURN TO YOUR LOCAL HYSTER DEALER