

EQUIPMENT INSPECTION CHECKLIST

Month: _____

Year:	
rear.	

Project/Site:																																		
Equipment Type:	Make:																	_ N	Лос	del	Nc):						_ Equipment No:						
Equipment Capacity: Mark only the Items that apply: []Forklift []Scissor lift []Boomlift []Truck []Crane													ck []Crane																					
Mobile equipment m	ust	be i	insp	bec	ted	bef	ore	e ea	ch	shif	t at	a r	nini	mu	ım.																			
Inspector's Int																																		Report Problems to your Supervisor
Date	1	2	3	4	5	6	5 7	7 8	3	9 10) 1'	1 1:	2 13	3 1	4 1	15	16	17	18	19	20	21	22	2 2	23 2	24	25	26	27	28	29	30	31	Comments On inspection
Fuel																																		· ·
Oil																																		
Coolant																																		
Trans. Fluid																																		
Hydraulic fluid																																		
Exhaust																																		
Glass																																		
Mirrors																																		
Tires																																		
Steering																																		
Braking																																		
Wipers																																		
Horn																																		
Park Brake																																		
Back up warning																																		
Lighting																																		
Turn signals																																		
Seatbelts																																		
Gauges																																		
Hydraulic Hoses																																		
Hydraulic Controls																																		
Warning Lights																																		
Fire Extinguisher																																		
Boom/Scissor arms																																		
Platform																																		
Forks																																		
First Aid kit																																		
Moving Parts																																		
Other:																																		