

# Mobile Equipment Safety Inspection Checklist

Project Name

Location

Inspector Name

Date

Equipment Type

Equipment ID/Serial Number

Inspection Item	Status	Comments
Brakes	<input type="text"/>	<input type="text"/>
Horn/Alarms	<input type="text"/>	<input type="text"/>
Lights & Signals	<input type="text"/>	<input type="text"/>
Tires/Tracks	<input type="text"/>	<input type="text"/>
Mirrors/Glass	<input type="text"/>	<input type="text"/>
Fluid Leaks	<input type="text"/>	<input type="text"/>
Backup Alarm	<input type="text"/>	<input type="text"/>
Fire Extinguisher	<input type="text"/>	<input type="text"/>
Seat Belts	<input type="text"/>	<input type="text"/>

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Roll-Over Protection Structure

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Controls & Gauges

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Other

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**General Comments**

**Inspector's Signature**

**Date**