

Road Roller Equipment Inspection Sheet

Date

Location

Equipment ID / Serial No.

Operator Name

Supervisor Name

Pre-Operation Inspection

Inspection Item	Check	Comments
Engine Oil Level	<input type="text"/>	<input type="text"/>
Fuel Level	<input type="text"/>	<input type="text"/>
Hydraulic Fluid	<input type="text"/>	<input type="text"/>
Battery/Starter	<input type="text"/>	<input type="text"/>
Tires/Drums Condition	<input type="text"/>	<input type="text"/>
Lights/Reverse Alarm	<input type="text"/>	<input type="text"/>
Brakes/Steering	<input type="text"/>	<input type="text"/>
Seat Belt/Safety Devices	<input type="text"/>	<input type="text"/>
Leaks (Oil, Fuel, Hydraulic)	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Corrective Actions / Remarks

Operator Signature

Date

Supervisor Signature

Date