

# Heavy Equipment Safety Inspection Checklist

Equipment Name/Type:

Model/Serial No.:

Location:

Date:

Inspected By:

## Inspection Checklist

Inspection Item	Yes	No	N/A	Comments
Walk-around Inspection Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Tires/Tracks Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Fluid Levels Checked (Oil, Fuel, Coolant, Hydraulic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Leaks (Oil, Fuel, Hydraulic, Coolant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Brakes Function Properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Lights & Horn Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Mirrors & Windows Clean/Intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Controls Working Properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Seat Belt or Restraints Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Fire Extinguisher Charged/Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Operating & Safety Decals Legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Backup Alarm Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Notes / Corrective Actions:

Inspector Signature

Date