

# Heavy Machinery Daily Safety Inspection Form

Date

Machine Name/ID

Operator Name

Location

## Inspection Items

Walk-around visual check

Fluid levels (oil, coolant, fuel)

Hydraulic hoses/connections

Tires/tracks/wheels condition

Mirrors, lights, and horn

Brakes and steering

Fire extinguisher condition

Seat belts and safety devices

Warning labels/decals present

Comments / Defects Noted

Defects Reported?

☐

Yes

☐

No

**Operator Signature**