

Heavy Equipment Operation Safety Checklist

Operator Information

Operator Name

Date

Equipment Type/Model

Location

Pre-Operation Inspection

Item	OK	N/A	Comments
Walk Around Inspection Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fluid Levels Checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires/Tracks Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mirrors and Windows Clean/Intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lights, Horn, and Alarms Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire Extinguisher Present/Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Operational Safety

Item	OK	N/A	Comments
Seatbelt Worn & Functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Controls and Gauges Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Backup Alarm Functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Area Clear of Hazards/Obstacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Load Chart Available & Understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Post-Operation

Item	OK	N/A	Comments
Equipment Parked Properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Brakes Set/Controls in Neutral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Keys Removed & Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Notes

Operator Signature

Time