

Heavy Machinery Daily Inspection Checklist

Date:

Equipment ID:

Operator Name:

Location:

Checklist

Inspection Item	Pass	Fail	Comments
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Lights & Horn	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Tires/Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Hydraulics	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Mirrors & Windows	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Controls/Lever	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Seatbelt	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Backup Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Safety Guards	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Notes / Defects Identified

Operator Signature:

Supervisor Signature:

Time: