

Construction Equipment Inspection Checklist

Project Name:

Location:

Date:

Inspector Name:

Equipment Information

Equipment Name/Type:

Model/Serial No.:

Owner/Operator:

Inspection Items

Item	Check	Remarks
General Condition	<input type="checkbox"/>	<input type="text"/>
Controls & Gauges	<input type="checkbox"/>	<input type="text"/>
Hydraulic System	<input type="checkbox"/>	<input type="text"/>
Brakes	<input type="checkbox"/>	<input type="text"/>
Lights & Alarms	<input type="checkbox"/>	<input type="text"/>

Tires/Tracks

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Mirrors & Glass

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Fire Extinguisher

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Seat Belt

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Lubricants/Fluids Levels

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Additional Notes / Observations:

Inspector Signature: