

Construction Equipment Safety Inspection Sheet

General Information

Date:

Inspector Name:

Equipment Name/ID:

Location:

Operator Name:

Inspection Checklist

Item	Pass	Fail	Comments
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lights/Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires/Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Safety Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Controls/Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hydraulic Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Structural Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Deficiencies & Corrective Actions

Inspector Signature

Signature:

Date: