



EQUIPMENT SAFETY INSPECTION CHECKLIST (LOG)

COMPANY: _____ UNIT NUMBER: _____
 OPERATOR: _____ SHIFT: _____
 DATE: _____

CHECKLIST	MON	TUES	WED	THURS	FRI	SAT	SUN
Operating & Emergency Controls							
Safety Devices							
Personal Protective Devices							
Tires & Wheels							
Outriggers (if applicable) & other Structures							
Air/Hydraulics & Fuel System for Leaks							
Cables & Wiring Harnesses							
Placard/Warning Control Markings							
Operating Manuals							
Guardrail System							
Engine Oil Level (if applicable)							
Battery Fluid Level							
Hydraulic Reservoir Level							
Coolant Level (if applicable)							
Loose or Missing parts							
Braking Device(s) Operating Properly							
Motion Alarms							

WARNING: Do not operate equipment without proper authorization and training.

Additional Comments: _____

SUPERVISOR: _____
