



# MANDATORY WEEKLY EQUIPMENT INSPECTION

Equipment # \_\_\_\_\_ Equipment Hours: \_\_\_\_\_ Date: \_\_\_\_\_  
 Job # \_\_\_\_\_ Job Name: \_\_\_\_\_  
 Inspected by: \_\_\_\_\_ Employee # \_\_\_\_\_

|  |  |            |   |       |
|--|--|------------|---|-------|
| Has equipment just arrived? Yes / No   |  |            | What job did the Equipment come from?                                       |       |
| <u><b><i>This Form is to be turned in with your Friday paper work. For more urgent repairs notify shop ASAP.</i></b></u> |  | Circle One | Priority System<br><b>1</b> URGENT! <b>2</b> Soon. <b>3</b> As time allows. |       |
| Inspection Item & Description<br>OK=Satisfactory RR= Repair or Replace   |  |            | COMMENTS and PRIORITY   | 1,2,3 |
| 1  | Check House Cleaning.  | OK / RR    |   |       |
| 2  | Check all fluid levels and fill caps are secure.                       | OK / RR    |   |       |
| 3  | Check tires or rollers and tracks.                                     | OK / RR    |   |       |
| 4  | Check for oil leaks, worn hoses.                                       | OK / RR    |   |       |
| 5  | Check brakes and park brakes.  | OK / RR    |   |       |
| 6  | Warning decals and grip paper in the needed areas.                     | OK / RR    |   |       |
| 7  | Check pins and all hinge points. Inspect lift hooks and safety clasps. | OK / RR    |   |       |
| 8  | Check condition of lights.   | OK / RR    |   |       |
| 9  | Check for vandalism.   | OK / RR    |   |       |
| 10   | Check back-up alarm and horn.  | OK / RR    |   |       |
| 11   | Inspect damage to body panels and sheet metal.                         | OK / RR    |   |       |
| 12   | Check windows, mirrors, and wipers.                                    | OK / RR    |   |       |
| 13   | Check hand grips and steps.  | OK / RR    |   |       |
| 14   | Check seatbelt.  | OK / RR    |   |       |
| 15   | Check quick disconnects and alarm.                                     | OK / RR    |   |       |
| 16   | Fire Extinguisher in machine?  | YES / NO   |   |       |
| 17   | Fire Extinguisher Expiration Date?                                     |            | DATE: _____   |       |

Routing:  
 PM: \_\_\_\_\_ Shop: \_\_\_\_\_ Safety Director: \_\_\_\_\_

ADDITIONAL COMMENTS and INSTRUCTIONS on  
REVERSE SIDE

### ADDITIONAL COMMENTS and INSTRUCTIONS

[illegible]