



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>This Form is to be turned in with your Friday paper work. For more urgent repairs notify shop ASAP.</u>			
Circle One		Priority System 1 URGENT! 2 Soon. 3 As time allows.	
Inspection Item & Description <small>OK=Satisfactory RR= Repair or Replace</small>		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**

