

EQUIPMENT DAILY INSPECTION CHECKLIST



Job Number: _____

Unit No.: _____

Operator: _____

Company: _____

Hour Meter Reading: _____

Type of Equipment: R/T Forklift _____ W/H Forklift _____ Skid steer _____ Boom Truck _____

Date: M / T / W / T / F / S / S: _____, _____, _____

Daily inspection checklist for week beginning _____, 20____	Good	Bad	Comments
1. Engine Compartment: Oil level, belts, pulley tension, hoses, leaks, loose or damaged wires	<input type="checkbox"/>	<input type="checkbox"/>	
2. Check Fuel Level: Check for leaks. Report leaks immediately	<input type="checkbox"/>	<input type="checkbox"/>	
3. Radiator: Check coolant level	<input type="checkbox"/>	<input type="checkbox"/>	
4. Fluid Leaks: Check oil, water, and hydraulics for leaks	<input type="checkbox"/>	<input type="checkbox"/>	
5. Tires: Check for significant damage; explain in comments section	<input type="checkbox"/>	<input type="checkbox"/>	
6. Mast, Carriage, Forks, or Attachment: Loose or missing bolts, damage, check adjustments	<input type="checkbox"/>	<input type="checkbox"/>	
7. Body Damage: Check for significant damage; explain in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Roll Over Protection (ROPS): Check for damage and broken welds	<input type="checkbox"/>	<input type="checkbox"/>	
9. Operators Compartment: Free of trash, debris and loose rigging	<input type="checkbox"/>	<input type="checkbox"/>	
10. Leveling Device: Gauge in working order	<input type="checkbox"/>	<input type="checkbox"/>	
11. Operator Controls: Functions labels and operate correctly	<input type="checkbox"/>	<input type="checkbox"/>	
12. Gauges: Check all gauges. Report any unusual readings or damage	<input type="checkbox"/>	<input type="checkbox"/>	
13. Warning Stickers/Load Chart: All are in place and legible	<input type="checkbox"/>	<input type="checkbox"/>	
14. Fire Extinguisher: Filled and inspected	<input type="checkbox"/>	<input type="checkbox"/>	
15. Safety Equipment: Rotating lights, back up alarms, horn, seat belt are in good working order	<input type="checkbox"/>	<input type="checkbox"/>	
16. Brakes: Check brake pedals for travel. Check parking brake	<input type="checkbox"/>	<input type="checkbox"/>	
17. Lift Operations: Report unusual operation or noise	<input type="checkbox"/>	<input type="checkbox"/>	
Flaggers Required: Y / N	Rigging inspected: Y / N		Overhead obstructions: Y / N
Spotters Being Used: Y / N	Load Chart Available: Y / N		Powerlines or Cables: Y / N
Load Chart for Attachment: Y / N	Ground Conditions: Good / Bad		

Additional Comments: _____
