

HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

To be completed **DAILY** by the operator or authorized person **BEFORE** each use.

Make:	Model:				Unit#:		
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Hour Meter Reading:							
Operator/Inspector:							

For each "Inspection Item," indicate one of the following: P=Pass F=Fail N/A=Not Applicable

1. Pre Start-up Walk-around	M	T	W	Th	F	S	Su	2. Start-up	M	T	W	Th	F	S	Su
Safe area/equipment secured								Seatbelt inspected and							
Undercarriage								Engine sounds normal							
Track Shoes/ Links, Wheels & Tires								Instrument panel							
Sprockets								Oil pressure							
Turret								Coolant Temperature							
Cab								Hour meter							
Glass								3. Powered Systems	M	T	W	Th	F	S	Su
Doors								Lights							
Emergency exit								Horn							
Entry/exit steps								Backup Alarm							
ROPS/FOPS/TOPS								Battery							
Counterweight bolts								Wipers							
Lights								Fan/Heater/Air conditioner							
Mirrors								Hydraulic Controls							
Engine/Engine compartment								Drive							
Fluid levels								Steer							
Leaks								Turret rotate							
Belts/Hoses								Boom							
Radiators/Coolers								Dipper/Stick							
Digging Assembly								Work attachment							
Boom								4. General	M	T	W	Th	F	S	Su
Work attachment								Housekeeping							
Articulated joints								Fire extinguisher							
Hydraulics								Manufacturer's manuals							
Fluid level								Log Book							
Leaks								Decals/Warnings/Placards							
Cylinders								Certification/Capacity labels							
Pins/Locks/Fittings								Level indicator							
Hoses								Report any problems to your supervisor. ALWAYS tag out unsafe equipment. Comments: <i>Explain 'F'</i>							

Operator Signature: _____ Date: _____