

Mobile Equipment Inspection/Pre-operation Report

This form **MUST** be filled out for each piece of Mobile Equipment on **EACH SHIFT BEFORE** operating it.

Equipment type: _____

Equipment Name: _____

Equipment No: _____

Shift: _____

Date: _____

Operating Checklist:

	YES	NO	Comments:
Hydraulic Fluid OK?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tire Condition OK?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any Fluid Leaks?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Safety Check List:

	YES	NO	NA	Comments:
Backup Alarm Working OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brakes OK? (Parking & Operating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Extinguisher OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Horn Working OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windshields OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seat/Safety Belt Condition OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lights OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Safety Equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any other condition making equipment unsafe to operate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Please specify:	_____			

Operator's Name (Printed): _____

Other Comments: _____

