

# Wheel Loader Equipment Safety Inspection Document

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Inspector: \_\_\_\_\_

Equipment Model: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Hour Meter: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_

## Inspection Checklist

Item	OK	Repair	N/A	Comments
Tires/Wheels				
Steering Operation				
Brakes				
Hydraulic Systems				
Lights & Horn				
Mirrors/Visibility				
Seat Belt				
Cabin Cleanliness				
Fluid Levels				
Loader Arms/Bucket				
Fire Extinguisher				
Emergency Exits				
Other (Specify): _____				

## Comments / Notes

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date