

# Wheel Loader Equipment Inspection Record

Date	<input type="text"/>	Shift	<input type="text"/>
Operator Name	<input type="text"/>	Equipment Model	<input type="text"/>
Equipment No.	<input type="text"/>	Location	<input type="text"/>

## Inspection Checklist

Item	OK	Attention Needed	N/A	Comments
Engine Oil Level				
Hydraulic Fluid Level				
Transmission Fluid Level				
Battery Condition				
Coolant Level				
Lights & Signals				
Tires/Wheels				
Brakes				
Hoses & Belts				
Bucket/Attachment Condition				
Safety Devices (Horn, backup alarm, seatbelt)				
Cab/Operator Controls Cleanliness				
Leaks (oil, hydraulic, fuel, coolant)				

## Comments & Actions Taken

Operator Signature:

Date:

Supervisor/Inspector Signature:

Date: