

# Heavy Machinery Inspection Checklist

Project/Site Name

Date

Inspected By

Machine/Equipment Type

Serial/ID Number

Operator Name

## Inspection Items

Inspection Item	OK	Needs Attention	N/A	Comments
Brakes, Horn, Lights & Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mirrors & Windshield (clean, undamaged)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic Systems (hoses, leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engine Oil & Coolant Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tracks/Tires & Wheels (condition, inflation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seat Belts and Safety Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attachments (secure, undamaged)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher (charged, accessible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Inspector's Comments

## Signature

Inspector Signature:

Date: