Daily Heavy/Mobile Equipment Checklist

Operator:	Vehicle:	Date:
Operator,		

Check: (S) each safe item, (D) each defect, NA for non-applicable

(1) Seatbelt	(1) Seatbelt					
(2) Gauge and Insti	(2) Gauge and Instruments					
(3) Light (front and	(3) Light (front and rear)					
(4) Horn/Warning	(4) Horn/Warning Device					
(5) Back-Up Signal	(5) Back-Up Signal					
6) Brakes (hand an	6) Brakes (hand and foot)					
(7) Steering and Hy	(7) Steering and Hydraulic controls					
(8) Tires and Whee	(8) Tires and Wheels					
(9) Fluid Leaks	(9) Fluid Leaks					
(10) Physical Dama	(10) Physical Damage? (Y/N) Recent? (Y/N) Does it affect safe operation? (Y/N)					
(11) Equipment Kil	(11) Equipment Kill Switch					
(12) Window Defro	(12) Window Defrost					
(13) Reflectors	(13) Reflectors					
(14) Windshield W	(14) Windshield Wipers					
(15) Fire Extinguishers						
Service Required? Y / N		Technician Ca	alled?	Y/N		
By Whom?		Date:				
Service Performed?	Y/N	By Whom?				
Date:	Lockout/Tagout F	Required?	Y / N			
Vehicle Back in Service?	Y / N		Date:			