

Daily Heavy/Mobile Equipment Checklist

Operator: _____ Vehicle: _____ Date: _____

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

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