

Daily Equipment Inspection Report

Date:

Inspector Name:

Location:

Equipment Name/ID:

Model / Serial Number:

Item	Condition (✓ / ✗)	Comments
Physical Damage		
Safety Guards		
Controls Function		
Fluid Levels		
Tires/Tracks		
Brakes		
Lights/Horn		
Other		

Additional Comments / Actions Required:

Inspector Signature:

Date: