

# Heavy Equipment Vehicle Inspection Checklist

Equipment ID/No:

Date:

## Operator Information

Operator Name:

## Checklist

Inspection Item	OK	Needs Attention	N/A	Comments
Visual Walkaround (damage, leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fluid Levels (oil, coolant, fuel, hydraulic, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tires/Tracks Condition & Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brakes (service/parking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steering & Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Horn & Backup Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lights & Indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windshield/Wipers & Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seat Belt & Warning Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controls (levers, pedals, switches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic System (hoses, cylinders, connections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attachments (bucket, blade, forks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher Present/Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operator Manual Onboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Additional Notes / Defects

Inspector Signature:

Date: