



Earthmoving Equipment Pre-use Inspection Checklist

Operator:				Make & Model:							
Company:				Hour Meter Reading:							
Location:				Date: MM/DD/YYYY		Unit No.:					
POWER OFF CHECKS				Status		POWER ON CHECKS		Status			
				OK	NO	N/A			OK	NO	N/A
1) Undercarriage:						13) Unit starts & runs properly		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
a) Wheels/Tires/Tracks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Instruments/System warning indicators		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Axles/Sprockets/Rollers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Fuel level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Steering rods/Linkages				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Horn/Audible warning devices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lights/Strobes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17) Function controls:				
3) Mirrors/Visibility aids				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Drive		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Engine/Battery:						b) Steering		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a) Cover panel(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Braking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Turret rotate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Belts/Hoses				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Lift arms/Boom/Dipper/Attachment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Air filter indicator				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Accessories/Optional equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Wires/Cables/Terminals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Auxiliary controls		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Battery-Batteries clean/dry/secure				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Seatbelt/Lap bar		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Fluids:						20) Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a) Engine oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Engine coolant Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL		OK	NO	N/A
c) Hydraulic oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Housekeeping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Transmission oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Manufacturer's operating manuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Fuel/Battery Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Decals/Warnings/Placards		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Hydraulics:						24) Control markings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a) Cylinders/Rods/Pin locks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKPLACE INSPECTION		OK	NO	N/A
b) Hoses/Lines/Fittings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Drop-offs or holes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Chassis/Turret:						26) Bumps & floor/ground obstructions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a) Windows/Screens/Doors				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Debris		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Emergency Exit				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Overhead obstructions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Entry/Exit steps				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Energized power lines		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) ROPS/FOPS/TOPS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Hazardous locations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Counterweight/Counterweight bolt(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Ground/Surface & support conditions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Digging Assembly:						32) Pedestrian/Vehicle traffic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a) Lift arms/Front attachment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Weather conditions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Boom/Dipper/Rear attachment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Underground utilities identified		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Articulating Joints				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Utility authorities called before digging		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Steering/Boom swing lock pin				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Other possible hazards		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Fire Extinguisher(s)/Suppression system				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.											
Comments											
Additional inspections by (PRINT NAME):											