



CRITICAL EQUIPMENT INSPECTION

Location: <input type="checkbox"/> Calgary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Today's Date: _____
<input type="checkbox"/> Spreader <input type="checkbox"/> Pick up <input type="checkbox"/> Other: _____	EQUIPMENT ID _____

*** Each Certified Operator must complete the inspection in full prior to use per equipment. Mark appropriate box for each item.

Visual Inspection: (Machine Turned OFF)	Operator 1			Operator 2			Operator 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Tires: Good Condition (no gouging etc.)									
Body/Frame: Good Condition									
Operator's Compartment: Clean, No Garbage									
Oil and/or Water Leaks Visible on Ground?									
Fuel: Check Level									
Oil: Check Level									
Overhead Guard in Place									
Seatbelt in Place and in Good Condition									
Working Inspection: (Machine Turned ON)	Operator 1			Operator 2			Operator 3		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Horn; works when pressed									
Lights; function as required									
Steering; smooth without binding									
Brakes: Works with no grinding									
Emergency Brake; stops machine immediately									
Equipment Operation; Any Unusual Sounds									
Lift/Lower System:	///	///	///	///	///	///	///	///	///
Buttons function as indicated									
Lifts and Lowers Without Binding									
Side Shift Moves Without Binding									
Tilt Moves Forward and Backward									
Safety Warnings; Back Up Alarm Works									

Comments on the Condition or Use of Equipment: _____

SIGN and INITIAL

Operator #1: _____

Safe to Operate: Y N

Operator #2: _____

Safe to Operate: Y N

Operator #3: _____

Safe to Operate: Y N