



# Pre-use Inspection: Earthmoving Equipment

<b>Operator:</b> PRINT NAME	<b>Date:</b>	<b>Shift:</b>
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<b>Unit Make/Model/No.:</b>								
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POWER OFF CHECKS	OK	AR	NA	POWER OFF CHECKS (CONT'D)	OK	AR	NA
1) Undercarriage:				13) OEM/Approved options/accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Wheels/Tires/Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Personal protective equipment (as required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Axles/Sprockets/Rollers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Steering rods/Linkages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lights/Strobes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>POWER ON CHECKS</b>	<b>OK</b>	<b>AR</b>	<b>NA</b>
3) Mirrors/Visibility aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17) Unit starts & runs properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Engine/Battery:				18) Instruments/System warning indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cover panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Fuel level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Horn/Audible warning devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Belts/Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Function controls:			
d) Air filter indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Control markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Wires/Cables/Terminals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Battery-Batteries clean/dry/secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Fluids:				d) Braking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Engine oil           Level   Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Turret rotate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Engine coolant    Level   Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Lift arms/Boom/Dipper/Attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hydraulic oil     Level   Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Accessories/Optional equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Transmission oil   Level   Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Auxiliary controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Fuel/Battery       Level   Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Seatbelt/Lap bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Hydraulics:				24) Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cylinders/Rods/Pin locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>WORKSITE INSPECTION</b>	<b>OK</b>	<b>AR</b>	<b>NA</b>
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) Electrical conductors	<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) Slopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Digging assembly:				32) Ground/Surface & support conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Lift arms/Front attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Pedestrian/Vehicle traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Boom/Dipper/Rear work attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Articulating joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Underground utilities identified	<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) Utility authorities called before digging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Manufacturer's operation manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37) Other possible hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Decals/Plates/Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.**

<b>NOTES</b>
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### ADDITIONAL INSPECTIONS

Operator	Confirm	Notes
PRINT NAME	Yes / No	
PRINT NAME	Yes / No	
PRINT NAME	Yes / No	