



# Pre-use Inspection: Earthmoving Equipment

**Operator:** PRINT NAME **Date:** MM/DD/YYYY **Shift:**

**Unit Make/Model/No.:**

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"/>	POWER ON CHECKS				OK	AR	NA
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"/>	WORKSITE INSPECTION				OK	AR	NA
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"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

NOTES

### ADDITIONAL INSPECTIONS

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