

**OUTBOUND EQUIPMENT SAFETY INSPECTION FORM**

**Section 1 – Inspection Performed by Qualified Personnel Only**

Location / Project:	Date:
Equipment Inspected By:	Contractor:

**Section 2 – Check Type of Equipment Inspecting**

<input type="checkbox"/> Scissors Lift <input type="checkbox"/> Forklift <input type="checkbox"/> Backhoe <input type="checkbox"/> Track Hoe <input type="checkbox"/> Tractor <input type="checkbox"/> Loader <input type="checkbox"/> Skid Steer <input type="checkbox"/> Aerial Lift <input type="checkbox"/> Drill Rig <input type="checkbox"/> Dozer <input type="checkbox"/> Loader <input type="checkbox"/> Welding Machine > 35 hp <input type="checkbox"/> Generator > 35 hp <input type="checkbox"/> Compressor > 35 hp <input type="checkbox"/> Other _____	Manufacturer: Model Number: Serial Number: Contact Name: Contact Phone:
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**Section 3 – General Categories to Inspect**

Pass	Fail	N/A		Pass	Fail	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic Hoses in Good Condition Leaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aux. Hook and Ball
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluids Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main Hook and Block
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights and Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boom / Mast / Cylinders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Damage Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anti Two Block
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer Aids / Operator Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wedge Socket Plus Cable Length (6 x Diameter)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roll Over Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat Belt Latches Properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Flares and Triangles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher with Current Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fork Lift Assembly Bolts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glass Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operators Manual Present and Load Chart
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Back Up Alarm / Bi-directional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record of Last Performed Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kill Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C of C Not Having Counterfeit Material
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periodic Inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOT Annual Inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labels, Voltage & Hand Signal Chart, e.tc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OSHA Annual Inspection (if required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wire Rope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator Circuit Breaker is Open (Off) Position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outriggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator has no Electrical Primary Feed or Secondary Load Cables Connected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires / Tracks / Drive Chains				

**Section 5 - Comments**

**Section 6 –Approved Equipment Inspector**

<input type="checkbox"/> Yes <input type="checkbox"/> No Equipment Accepted	Print Name:		Signature:	
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