

INBOUND EQUIPMENT SAFETY INSPECTION FORM

Inspection must be conducted by qualified personnel.

Section 1 – General Information

Location/Project:		Date:	
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Equipment Inspected By:		Subcontractor:	
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Section 2 – Check Type of Equipment Inspecting

<input type="checkbox"/> Welding Machine > 35 hp	<input type="checkbox"/> Backhoe	<input type="checkbox"/> Tractor	<input type="checkbox"/> Compressor > 35 hp
<input type="checkbox"/> Forklift	<input type="checkbox"/> Track Hoe	<input type="checkbox"/> Loader	<input type="checkbox"/> Generator > 35 hp
<input type="checkbox"/> Skid Steer	<input type="checkbox"/> Aerial Lift	<input type="checkbox"/> Drill Rig	<input type="checkbox"/> Crane
<input type="checkbox"/> Dozer	<input type="checkbox"/> Loader	<input type="checkbox"/> Scissors Lift	<input type="checkbox"/> Other/Specialty Equipment

Manufacturer:		Model Number:	
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Serial Number:	
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Last Maintenance Date:		Annual Inspection Date:	
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Contact Name:		Contact Phone:	
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Section 3 – General Categories to Inspect

Pass	Fail	N/A	Category	Pass	Fail	N/A	Category
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires / Tracks / Drive Chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roll Over Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leaking Fluids Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat Belt Latches Properly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic Hoses in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher with Current Inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights and Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glass Condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Damage Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Back Up Alarm / Bi-directional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer Aids / Operator Controls	<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"/>	Operator Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operators Manual Present and Load Chart
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wire Rope	<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"/>	Outriggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door restraint present & in good condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aux. Hook and Ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labels, Voltage & Hand Signal Chart, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main Hook and Block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boom / Mast / Cylinders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anti Two Block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fork Lift Assembly Bolts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Flares and Triangles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kill Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record of Last Performed Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containing or Having Counterfeit Material
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOT Annual Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator has no Electrical Primary Feed or Secondary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periodic Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OSHA Annual Inspection (if required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Load Cables Connected				

Section 4 – Fuel Type

<input type="checkbox"/> Diesel	<input type="checkbox"/> Gasoline
<input type="checkbox"/> Propane	<input type="checkbox"/> Electric
<input type="checkbox"/> Other (To be evaluated by the Approved Equipment Inspector)	

Inspection must be conducted by qualified personnel.

Section 5 – Comments

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Section 6 – Radiation Protection

Notified Radiation Protection (RP) for performance of baseline surveys.

RP Point of Contact:		Date of Notification:		RP Survey #:	
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***NOTE: Receipt of Baseline Radiological Survey documentation is required prior to use of M&E.**

Section 7 – Approved Equipment Inspector Acceptance

Yes No - Equipment is not accepted

Print Name:		Signature:		Date:	
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