

 **Mobile Equipment Inspection Booklet**

**2017**

 **Unit/ Equipment Information**

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| **Type:** |
| **Unit Number:** |
| **Make:** |
| **Model Number:** |
| **Other Information:** |

This booklet is to be used to record mobile equipment inspections. By initialing the date on the calendar, the worker acknowledges that all components listed have been inspected as required.

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| **SAMPLE - January 2016** |
| **Sun** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** |
|  |  |  |  |  | **1** | **2** |
| **3** | **4** | **5** | **6**AB1855 | **7**AB1861 | **8**AB1870 | **9** |
| **10** | **11** | **12** | **13** | **14** | **15** | **16** |
| **17** | **18** | **19** | **20** | **21** | **22** | **23** |
| **24** | **25** | **26** | **27** | **28** | **29** | **30** |
| **31** |  |

If you identify any items that are defective during your inspection, record them in this booklet, and notify your supervisor.

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| **January 2016** |
| **Sun** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** |
|  |  |  |  |  | **1** | **2** |
| **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| **10** | **11** | **12** | **13** | **14** | **15** | **16** |
| **17** | **18** | **19** | **20** | **21** | **22** | **23** |
| **24** | **25** | **26** | **27** | **28** | **29** | **30** |
| **31** |  |

By initialing on the corresponding day on the calendar, the operator acknowledges that all components listed have been inspected as required.

Initial and record hours or mileage on the equipment.

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| **Inspection Components** |
| **1** | Backup Alarm if equipped | **15** | Fluid levels |
| **2** | Horn if equipped | **16** |  |
| **3** | Glass & Wipers | **17** |  |
| **4** | Seat & Seat Belt | **18** |  |
| **5** | Lights – Front, rear signal | **19** |  |
| **6** | Mirrors | **20** |  |
| **7** | Doors/ Latches | **21** |  |
| **8** | Housekeeping | **22** |  |
| **9** | Brakes | **23** |  |
| **10** | Parking Brake | **24** |  |
| **11** | Steering | **25** |  |
| **12** | Tires & Lug nuts | **26** |  |
| **13** | Slow Moving Vehicle sign | **27** |  |
| **14** | Oil level | **28** |  |

Please indicate defects or remarks with corresponding numbers from the above list.

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| **Date** | **Number** | **Deficiency** | **Date of Remedy** | **Initial** |
|  |  |  |  |  |
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