



Equipment Operator's Daily Checklist

Operator: _____

Date: _____

Equipment type: _____

Equipment	Needs		Worksite	Yes		No	
	Ok	Attention					
Fluid levels			Slippery surfaces				
Steering			Material hazards				
Brakes			Pedestrians				
Tires			Water				
Hoses, belts			Overhead obstructions				
Deck, basket			Ruts, holes				
Outriggers/Stabilizers			Trucks, equipment				
Guardrails			Rain, wind				
Horn, alarms			Lightning				
Batteries			Spills				
Gauges, controls			Narrow passageways				
Boom, scissor			Slopes, ramps, hills				
Seatbelt			Obstructed vision				
Safety devices			Powerlines				
Bucket, blade			Confined spaces				
Hook block, ball			Culverts				
Boom			Hazardous materials				
Hoist cable			Public roads, traffic				
Forks, attachments			Trenches				
ROPS			Barricades				
Manuals			"Do Not Enter" zones				

Notes: _____

