



Equipment Operator's Daily Checklist

Operator: _____

Date: _____

Equipment type: _____

Equipment	Needs		Worksite	Needs	
	Ok	Attention		Yes	No
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: _____

