



## Compact/Track Loader Pre-use Inspection Checklist

<b>Operator:</b>				<b>Make &amp; Model:</b>									
<b>Company:</b>				<b>Hour Meter Reading:</b>									
<b>Location:</b>				<b>Date:</b> MM/DD/YYYY		<b>Unit No.:</b>							
POWER OFF CHECKS				Status			POWER ON CHECKS				Status		
				OK	NO	N/A					OK	NO	N/A
1) Undercarriage:							11) Unit starts and runs properly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Track Shoes/Wheels & Tires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Instruments/Gauges				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Track Links				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13) Hour Meter				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Rollers/Sprockets/Idler wheels				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Warning lights/audible alarms				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lights/Strobes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Fuel level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Mirrors/Visibility aids				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Horn/audible warning device(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Engine/Engine compartment:							17) Function controls:						
a) Belts/Hoses				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Hold to run				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cables/Wires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Drive – forward/reverse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Steer – left/right				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Battery/Batteries:							d) Bucket/Attachment – All movements				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Terminals tight				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Accessories				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Clean/Dry/Secure				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Emergency/auxiliary controls				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Hydraulics:							19) Wipers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cylinders/Rods				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Seatbelt inspected & fastened				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hoses/Lines/Fittings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>GENERAL</b>				<b>OK</b>	<b>NO</b>	<b>N/A</b>
c) Pins/Locks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Housekeeping				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Fluids:							22) Manufacturer's operating manuals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Engine oil                      Level      Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Decals/Warnings/Placards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Engine coolant                  Level      Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Misc. parts – loose/missing/broken				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hydraulic oil                    Level      Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>WORKPLACE INSPECTION</b>				<b>OK</b>	<b>NO</b>	<b>N/A</b>
d) Fuel/Battery                    Level      Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Drop-offs or holes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Chassis:							26) Bumps and floor/ground obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cab/Glass/Doors				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Emergency Exit				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Overhead obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Entry/Exit steps				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Energized power lines				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) ROPS/FOPS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Hazardous locations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Counterweight/Counterweight bolt(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Ground surface and support conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Fire Extinguisher/Suppression System				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Pedestrian/vehicle traffic				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Digging Assembly:							33) Wind and weather conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Bucket & cutting edge/Work Attachment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Other possible hazards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Loader arms and pins				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.</b>													
<b>Comments</b>													
Operator's initials:													
Alternative operator's initials:													