

Toll Free: (844) 372-0710 Email: office@sgworldusa.com FORM: GSE-KITPUS - 4/20  
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Inspection Date	Name of Inspecting Person (Print)	Hour Meter / Mileage	Vehicle Failings / Notes
Inspection Time	Vehicle Type		

Vehicle  
 O.K.  Unsafe   
 4 As necessary

✓ X	BODY
	Hood
	Bumper
	Hitch
	Doors
	Seats
	<b>TIRES</b>
	Uneven Wear
	Tread
	Damage
	Pressure
	<b>BRAKES</b>
	Operational
	Park Brake
	<b>FLUIDS</b>
	Engine Oil
	Transmission Oil
	Coolant
	Fuel
	Hydraulic Oil
	Leaks
	<b>EXHAUST SYSTEM</b>
	Excessive Smoke
	Fumes
	Rattling / Loose
	<b>STEERING / SUSPENSION</b>
	Noise
	<b>LIGHTS</b>
	Headlights
	Tail Lights
	Brake Lights
	Reverse Lights
	Signal Lights
	Hazard Lights
	<b>LIFTING PLATFORM</b>
	Hydraulic Cylinder
	Rollers
	Locking Mechanism
	<b>SAFETY DEVICES</b>
	Interlocks

**GROUND SUPPORT EQUIPMENT CHECKLIST**

**GROUND SUPPORT EQUIPMENT RECORD SLIP**

Mark ' ✓ ' in Inspection Boxes if OK  
 Mark ' X ' in every box requiring attention  
 Mark ' N/A ' in every box not applicable

Signature of Inspecting Person

Position of Inspecting Person