

# Backhoe Loader Operator Pre-Use Inspection

Date: \_\_\_\_\_

Unit/Identification Number: \_\_\_\_\_ Hour Meter Reading: \_\_\_\_\_ Make/Model#: \_\_\_\_\_

Operator Name (Print): \_\_\_\_\_ Operator Signature: \_\_\_\_\_

## CHECK ITEMS

✓ OK ✗ DEFECT

### Visual Inspection

**Air Filter:** Free of dust/trash build up

**Chassis:** No structural damage and turntable is lubricated

**Loader Arms:** No structural damage, missing pins, or bolts

**Boom/Dipper:** No structural damage

**Bucket and Teeth:** No structural damage, lose, and/or wear

**Coolant System:** Level/Leaks/Damage

**Engine Oil:** Level/Leaks/Damage

**Engine Belts:** Lose/Wear/Damage

**Fuel System:** Fuel Level and Filters

**Hydraulic System:** Hydraulic Level and Filters

**Wheels:** Lose/Wear/Damage

**Operators Cab:** Clean, No Lose Items, Manuals, Fire Extinguisher, and/or Damage

**Safety Decals/Warning Stickers:** Visible and Legible

**Ignition & Electrical System:** Working correctly. All gauges and instruments visible and working.

### Engine Start Up

**Warning Lights & Lights (if fitted):** Working correctly

**Brakes (Parking):** Working correctly

**Motion Alarm:** Audible and works correctly

**Engine:** Sounds normal

**Control Steering (Travels):** Forward/Reverse and Left/Right

**Instrumentation:** Operating normal and legible

**Levers (Switches/Toggles/Joysticks/Sticks):** Smooth and No Damages

**Exhaust:** No excessive smoke, sparks or flames

### Defect Details:

# Workplace Inspection

Date: \_\_\_\_\_

Operator Name (Print): \_\_\_\_\_ Operator Signature: \_\_\_\_\_

## CHECK ITEMS

✓ Yes ✗ No

### Visual Inspection

Overhead Electrical or Obstructions	<input type="checkbox"/>
Grade, Slope, or Uneven Ground	<input type="checkbox"/>
Personnel Traffic (circle: light, medium, or heavy)	<input type="checkbox"/>
Unstable Ground Condition (circle: icy, muddy, or very saturated)	<input type="checkbox"/>
Unsafe Weather Condition (circle: lightening, thunder, or very windy)	<input type="checkbox"/>
Vehicle and/or Equipment Traffic (circle: light, medium, or heavy)	<input type="checkbox"/>
Above and/or Below Ground Utilities (circle: gas, water, electrical, or air)	<input type="checkbox"/>
Material(s) and/or Debris	<input type="checkbox"/>

### General Comments:

EPRO

SAFETY SOLUTIONS