

Excavator Operator Pre-Use Inspection

Date: _____

Excavator 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

Boom and Dipper: No structural damage, lubricated, and/or lose hydraulic hoses

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 Filers

Hydraulic System: Hydraulic Level and Filters

Tracks/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 (Swing & 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

Grade, Slope, or Uneven Ground

Personnel Traffic (circle: light, medium, or heavy)

Unstable Ground Condition (circle: icy, muddy, or very saturated)

Unsafe Weather Condition (circle: lightening, thunder, or very windy)

Vehicle and/or Equipment Traffic (circle: light, medium, or heavy)

Above and/or Below Ground Utilities (circle: gas, water, electrical, or air)

Material(s) and/or Debris

General Comments:

EPRO
SAFETY SOLUTIONS