



NRAO Department of Environmental Safety & Security Heavy Equipment Inspection Checklist

HEAVY EQUIPMENT INSPECTION		Date: _____	Time: _____	Log Number: _____
Site Name & Location: _____				
Odometer Reading: _____		Hour Meter Reading: _____		Fuel Level: _____
Make/Description: _____		Model: _____		
<i>Place a ✓ mark in the "In Order" column to indicate that the item is present and in working condition. If absent or deficient describe the discrepancy and the corrective action taken in the "Discrepancy/Comments" box. If item does not apply to equipment being inspected, enter "NA". All listed items must have a response.</i>				
Item	In Order	Discrepancies/Comments		
Service Brakes	<input type="checkbox"/>			
Emergency Brakes	<input type="checkbox"/>			
Parking Brake	<input type="checkbox"/>			
Brake Lights	<input type="checkbox"/>			
Back-up Alarms	<input type="checkbox"/>			
Horn	<input type="checkbox"/>			
Tires	<input type="checkbox"/>			
Steering	<input type="checkbox"/>			
Seat Belt	<input type="checkbox"/>			
Operating Control	<input type="checkbox"/>			
Fire Extinguisher	<input type="checkbox"/>			
Head and Tail Lights	<input type="checkbox"/>			
Mirrors	<input type="checkbox"/>			
Windshield	<input type="checkbox"/>			
Windshield Wipers and Washers	<input type="checkbox"/>			
Coupling Devices	<input type="checkbox"/>			
Guards for Moving Parts	<input type="checkbox"/>			
Brake – Hydraulic	<input type="checkbox"/>			
Brake Fluid	<input type="checkbox"/>			
Hydraulic Oil	<input type="checkbox"/>			
Engine Oil and Coolant	<input type="checkbox"/>			
ROPS	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Inspection conducted by: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name Printed Signature </div>				
Deficiencies corrected by: _____ Date: _____				

Return the Completed Form to: ES&S Site Safety Division
Copy to: NRAO ES&S Admin Support – Diana Torres: dltorres@nrao.edu