

DAILY SAFETY INSPECTION CHECKLIST FOR CONSTRUCTION EQUIPMENT

Project Name: _____
 Company: _____

Project: _____
 Foreman: _____

Equipment Inspected (Make/Model) **A:** _____ **B:** _____
C: _____ **D:** _____ **E:** _____
F: _____ **G:** _____ **H:** _____

Please mark Y for Yes; N for No; or N/A for Not Applicable. Any items marked No need to be addressed in the comments/Correction action required section below.

	A	B	C	D	E	F	G	H
1. Are adequate and serviceable fire extinguishers provided?	_____	_____	_____	_____	_____	_____	_____	_____
2. Do all modifications, extensions, replacement parts and/or repairs to equipment maintain the same factor of safety as the original designed equipment?	_____	_____	_____	_____	_____	_____	_____	_____
3. Are rear view mirrors provided and in good condition?	_____	_____	_____	_____	_____	_____	_____	_____
4. Are reverse signal alarms on equipment operational?	_____	_____	_____	_____	_____	_____	_____	_____
5. Are belts, gears, shafts, electrical contacts, moving parts, etc. adequately guarded?	_____	_____	_____	_____	_____	_____	_____	_____
6. Are all hot pipes, hoses and surfaces guarded?	_____	_____	_____	_____	_____	_____	_____	_____
7. Are tires in serviceable condition?	_____	_____	_____	_____	_____	_____	_____	_____
8. Are approved seat belts and roll over protection provided?	_____	_____	_____	_____	_____	_____	_____	_____
9. Is recommended preventive maintenance being performed?	_____	_____	_____	_____	_____	_____	_____	_____
10. Does equipment have separate engine over 50 hp not used to propel/drive equipment?:	_____	_____	_____	_____	_____	_____	_____	_____
If yes, is current Air Pollution Permit posted on equipment?	_____	_____	_____	_____	_____	_____	_____	_____
11. Are only "Authorized" employees allowed to operate equipment?	_____	_____	_____	_____	_____	_____	_____	_____

Authorized Operator: _____	Equipment _____
Authorized Operator: _____	Equipment _____
Authorized Operator: _____	Equipment _____
Authorized Operator: _____	Equipment _____
Authorized Operator: _____	Equipment _____

Comments / Corrective Action Required: _____

Subcontractor Signature: _____ Date: _____

* TAKEN FROM EM-385-1-1 REQUIREMENTS

