SSD-002

EQUIPMENT INSPECTION FORM

Inspect before use. Document defects. Remove unsafe equipment from service.

Project / Client		**Inspection No.**	
Site / Location		**Date**	
Company / Owner		**Inspection Type**	☐ Pre-Use ☐ Periodic ☐ Post-Repair
Equipment Type / Description		**Unit / Asset ID**	
Inspector		**Supervisor / Qualified Person**	

1 Equipment Readiness Review

Complete before operating or releasing the equipment for use.

Equipment identity and readiness	Required records and qualifications
☐ Make / model verified	☐ Manufacturer checklist available
☐ Serial / asset number verified	☐ Inspector qualified / authorized
☐ Hour meter / mileage recorded	☐ Operator manual available
☐ Inspection area safe and accessible	☐ Maintenance records reviewed
☐ Equipment cleaned enough to inspect	☐ Required certificates current
☐ Prior defects / open work orders reviewed	☐ Lockout / isolation available
	☐ Attachments approved and compatible
	☐ Other: _____

2 Inspection Status Method

Classify each item and document required corrective action.

STATUS	P - Pass	M - Monitor	D - Deficiency	OOS	N/A
ACTION	No action	Set limits / monitor	Correct before use	Tag / isolate	Not applicable

Inspection result: PASS MONITOR DEFICIENCY OUT OF SERVICE

Disposition: PASS - acceptable for service. MONITOR - usable only with documented limits and supervisor approval. DEFICIENCY - correct before use. OUT OF SERVICE - tag, isolate, and notify the responsible person.

SAMPLE
SITE SAFETY DOC - PREVIEW ONLY

SAMPLE - NOT FOR JOBSITE USE - SiteSafetyDoc.com

3 Equipment Inspection Record

Inspect each applicable system. Add continuation sheets as needed.

#	SYSTEM / COMPONENT	INSPECTION CRITERIA / CONDITION	DEFECT / CORRECTIVE ACTION	STATUS	PRIORITY / DUE	RESPONSIBLE PERSON
1				P / M / D / OOS	P / M / D / OOS	
2				P / M / D / OOS	P / M / D / OOS	
3				P / M / D / OOS	P / M / D / OOS	
4				P / M / D / OOS	P / M / D / OOS	
5				P / M / D / OOS	P / M / D / OOS	
6				P / M / D / OOS	P / M / D / OOS	
7				P / M / D / OOS	P / M / D / OOS	

Status Key: P = Pass M = Monitor D = Deficiency OOS = Out of Service

Defect control: Stop use when a condition could affect safe operation. Tag and isolate defective equipment, record the condition, notify the responsible person, and verify corrective action before return to service.

SAMPLE
SITE SAFETY DOC - PREVIEW ONLY

SAMPLE - NOT FOR JOBSITE USE - SiteSafetyDoc.com

4 Condition Checks and Required Safeguards

General condition and safety devices	Operational systems and documentation
☐ Frame / structure / body sound	☐ Start / stop controls function
☐ Guards / shields secure	☐ Steering / travel controls function
☐ Steps / platforms / handholds sound	☐ Service / parking brakes function
☐ Tires / tracks / wheels serviceable	☐ Horn / alarm / warning devices function
☐ Fasteners / pins / retainers secure	☐ Lights / indicators / gauges function
☐ Hoses / lines / fittings leak-free	☐ Emergency stop / interlocks function
☐ Fluids at acceptable levels	☐ Safety devices / restraints function
☐ Labels / decals / capacity plates legible	☐ Attachments / couplers secure
☐ Fire extinguisher / emergency kit present	☐ Electrical / battery system serviceable
☐ Housekeeping / cab condition acceptable	☐ Hydraulic / pneumatic system serviceable
☐ Required PPE identified	☐ Required documents on equipment
☐ No unauthorized modifications	☐ Functional test completed safely
☐ Other: _____	☐ Other: _____

5 Service and Operating Information

Maintenance Contact / No.		**Equipment Location**	
Make / Model		**Serial / VIN / Asset ID**	
Lockout Required?	☐ No ☐ Yes - attach / reference: _____	**Hour Meter / Mileage**	Reading: _____
Last Service / Inspection		**Next Service / Inspection**	Date / meter: _____

6 Supporting Records

☐ Manufacturer checklist	☐ Operator manual	☐ Maintenance history	☐ Certification / test record
☐ Repair / work order	☐ Photos attached	☐ Defect tag attached	☐ Other: _____

7 Deficiency Tracking / Remove-from-Service Trigger

REMOVE FROM SERVICE when any condition could affect safe operation, including damaged guards, controls, structures, tires,

leaks, warning devices, safety systems, attachments, or required documentation; when a defect worsens; after an incident; or when an operator reports abnormal performance.

Defect / Tag No.		**Date / Time**	
Defect / Corrective Action		**Disposition By**	

SAMPLE
SITE SAFETYDOC PREVIEW ONLY

SAMPLE - NOT FOR JOBSITE USE - SiteSafetyDoc.com

8 Inspection Approval *Signatures confirm the inspection is complete and the disposition is authorized.*

ROLE	PRINTED NAME	SIGNATURE	DATE / TIME
Inspector			
Supervisor / Qualified Person			
Equipment Owner / Manager			
Return-to-Service Authorization			

9 Operator Acknowledgment: Operators may stop use and report defects without retaliation.

By signing, I confirm that I reviewed the equipment status, operating limitations, required safeguards, and defect-reporting expectations; will perform required pre-use checks; and will stop use and notify the supervisor if the equipment becomes unsafe or operates abnormally.

OPERATOR NAME (PRINT)	SIGNATURE	EMPLOYER / DEPARTMENT	DATE / TIME

SAMPLE
SITE SAFETY DOC - PREVIEW ONLY

10 Closeout / Return-to-Service Review

Inspection Result	☐ Pass ☐ Monitor ☐ Deficiency ☐ OOS	**Date / Time**	
Repairs Completed	☐ N/A ☐ Yes - work order: _____	**Operating Limits / Notes**	
Record Retention Location		**Closed / Released By**	

IMPORTANT: This form supports equipment inspection and documentation but does not replace applicable laws, regulations, manufacturer instructions, maintenance requirements, site rules, qualified-person duties, or professional judgment. The employer remains responsible for inspection frequency, qualified inspectors, corrective action, and safe equipment use.

SAMPLE - NOT FOR JOBSITE USE - SiteSafetyDoc.com