

Able Equipment Rentals

COMPRESSOR PRE-USE INSPECTION CHECKLIST

Operator:		Make & Model:	
Company:		Hour Meter Reading:	
Location:		Date:	Unit#:

<u>POWER OFF CHECKS:</u>	OK	NO	N/A	<u>POWER ON CHECKS:</u>	OK	NO	N/A
Tire Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unit starts & runs properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instrument Gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Belts & Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hour Meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warning Lights & Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Terminals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Clean/Dry/Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shutoff Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Coolant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Charge Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Decals / Warnings / Placards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

REPORT ANY PROBLEMS FOUND TO YOUR SUPERVISOR / EMPLOYER

Comments:

Operators Initials:	
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