

Able Equipment Rentals

EXCAVATOR 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
Track Tension / Play	<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"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Cylinders & Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive - Forward/Reverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Lines & Fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering - Left/Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turret Rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Coolant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bucket/Boom Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelt Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Charge Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessories Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cab / Glass / Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Entry / Exit Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>SITE INSPECTION:</u>	OK	NO	N/A
ROPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drop Offs / Holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boom & Arm Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overhead Obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Energized power lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Pedestrian / Vehicle traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>GENERAL CHECKS:</u>	OK	NO	N/A	Wind & Weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground Surface Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bumps and Ground Obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decals / Warnings / Placards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Possible Hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REPORT ANY PROBLEMS FOUND TO YOUR SUPERVISOR / EMPLOYER

<u>Comments:</u>

Operators Initials:	
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