



EQUIPMENT DAILY CHECKLIST AND SAFETY INSPECTION FORM

NOTE: This form is not to be used for inspections of mobile/overhead cranes, powered industrial trucks, or aerial lifts. For inspections of such equipment, use FBP-OS-PRO-00025-F05 (for mobile/overhead cranes), FBP-OS-PRO-00057-F01 (for powered industrial trucks), or FBP-WM-PRO-00061-F07 (for aerial lifts)

Section 1	
Location / Project: _____	Contractor: <input type="checkbox"/> FBP or _____
Contact Name: _____	Contact Phone: _____

Section 2 – Check Type of Equipment Inspecting					
<input type="checkbox"/> Backhoe	<input type="checkbox"/> Trackhoe	<input type="checkbox"/> Loader	<input type="checkbox"/> Skid Steer	Manufacturer	_____
<input type="checkbox"/> Generator	<input type="checkbox"/> Compressor	<input type="checkbox"/> Welding Machine	<input type="checkbox"/> Dozer	Model Number	_____
<input type="checkbox"/> Tractor	<input type="checkbox"/> Roll-off Truck	<input type="checkbox"/> Other (specify) _____		Serial Number	_____

- Place a check (√) mark in the box to indicate inspection is complete and is satisfactory.
- Mark "P" in box where Problem is found and make further comments on next page, if necessary.
- Report all items in need of repair to the Supervisor at the time of inspection.
- Mark N/A for items which do not apply.

Section 3 – Mark as Directed Above							
Inspection Item / Day of Week →	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Worker Badge Number							
Worker Initials							
Date							
Hour Meter Reading							
Structural Damage – none apparent							
Tires / Tracks – condition acceptable							
Load Chart – available/readable							
Glass / Mirrors – clean/clear; unobstructed							
Electrical Connections (generators)							
Hydraulic Hoses – good condition/no leaks							
Check Valves - functional							
Lubrication – adequate amount							
Fluid Levels – adequate amounts/no leaks							
Engine Oil - level/appearance good							
Cooling Water – adequate amount/no leaks							
Operating Manual - available							
Fire Extinguisher – present, charged, dated							
Seat Belts – functional/latch properly							
Operating Controls - functional							
Horn / Gauges - functional							
Lights and Reflectors – clean/functional							
Windshield Wipers - functional							
Air Systems - functional							
Steering Mechanism - functional							
Brakes - functional							
Backup Alarm - functional							
Kill Switch (if available) - functional							
Roll-off Truck Cable – no single strand broken; no kinks; no stretching; clamps tight							



INBOUND EQUIPMENT SAFETY INSPECTION FORM

Section 1 – Inspection Performed by Qualified Personnel Only

Location / Project	Date
Equipment Inspected By	Contractor

Section 2 – Check Type of Equipment Inspecting

<input type="checkbox"/> Crane <input type="checkbox"/> Forklift <input type="checkbox"/> Backhoe <input type="checkbox"/> Track Hoe <input type="checkbox"/> Tractor <input type="checkbox"/> Loader <input type="checkbox"/> Skid Steer <input type="checkbox"/> Aerial Lift <input type="checkbox"/> Drill Rig <input type="checkbox"/> Dozer <input type="checkbox"/> Loader <input type="checkbox"/> Scissors Lift <input type="checkbox"/> Welding Machine > 35 hp <input type="checkbox"/> Generator > 35 hp <input type="checkbox"/> Compressor > 35 hp	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Manufacturer</td><td></td></tr> <tr><td>Model Number</td><td></td></tr> <tr><td>Serial Number</td><td></td></tr> <tr><td>OSHA Annual Date</td><td></td></tr> <tr><td>Last Maintenance Date</td><td></td></tr> <tr><td>Contact Name</td><td></td></tr> <tr><td>Contact Phone</td><td></td></tr> </table>	Manufacturer		Model Number		Serial Number		OSHA Annual Date		Last Maintenance Date		Contact Name		Contact Phone	
Manufacturer															
Model Number															
Serial Number															
OSHA Annual Date															
Last Maintenance Date															
Contact Name															
Contact Phone															

NOTE: Do **NOT** record this inspection sheet into the Central Equipment Database for equipment not expected to be onsite greater than 30 days.

Section 3 – General Categories to Inspect

Pass	Fail	N/A		Pass	Fail	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires / Tracks / Drive Chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aux. Hook and Ball
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leaking Fluids Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main Hook and Block
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic Hoses in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boom / Mask / Cylinders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights and Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anti Two Block
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Damage Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wedge Socket Plus Cable Length (6 x Diameter)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer Aids / Operator Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roll Over Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Flares and Triangles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat Belt Latches Properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fork Lift Assembly Bolts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher with Current Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operators Manual Present and Load Chart
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glass Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record of Last Performed Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Back Up Alarm / Bi-directional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C of C Not Having Counterfeit Material
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kill Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periodic Inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOT Annual Inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OSHA Annual Inspection (if required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labels, Voltage & Hand Signal Chart, e.g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator Circuit Breaker is Open (Off) Position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wire Rope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator has no Electrical Primary Feed or Secondary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outriggers				Load Cables Connected

Section 4 – Fuel Type	<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other	Use permitted in the X-744G and X-326 Facilities Use permitted in the X-326 Facilities NOT PERMITTED TO BE USED INSIDE ANY SITE FACILITIES Use permitted in X-326, X-345, and X-744G Facilities TO BE EVALUATED BY THE LPP CAT II FACILITY MANAGER
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Section 5 – Comments

Inbound Equipment Safety Inspection Forms shall be provided to Contracts and a copy to Work Control.
Additional checklist specific to the equipment may be used and attached to this checklist.



INBOUND EQUIPMENT SAFETY INSPECTION FORM

Section 6 – Qualified Radiological Control Technician acceptance for equipment receiving (Inbound)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Print name: <input style="width: 80%;" type="text"/>
			Signature: <input style="width: 80%;" type="text"/>
Section 7 – Qualified Person (Leased Equipment Manager)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Equipment Accepted	Print name: <input style="width: 80%;" type="text"/>
			Signature: <input style="width: 80%;" type="text"/>

Inbound Equipment Safety Inspection Forms shall be provided to Contracts and a copy to Work Control.
 Additional checklist specific to the equipment may be used and attached to this checklist.



OUTBOUND EQUIPMENT SAFETY INSPECTION FORM

Section 1 – Inspection Performed by Qualified Personnel Only

Location / Project	Date
Equipment Inspected By	Contractor

Section 2 – Check Type of Equipment Inspecting

<input type="checkbox"/> Crane <input type="checkbox"/> Forklift <input type="checkbox"/> Backhoe <input type="checkbox"/> Track Hoe <input type="checkbox"/> Tractor <input type="checkbox"/> Loader <input type="checkbox"/> Skid Steer <input type="checkbox"/> Aerial Lift <input type="checkbox"/> Drill Rig <input type="checkbox"/> Dozer <input type="checkbox"/> Loader <input type="checkbox"/> Scissors Lift <input type="checkbox"/> Welding Machine > 35 hp <input type="checkbox"/> Generator > 35 hp <input type="checkbox"/> Compressor > 35 hp	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Manufacturer</td><td></td></tr> <tr><td>Model Number</td><td></td></tr> <tr><td>Serial Number</td><td></td></tr> <tr><td>Contact Name</td><td></td></tr> <tr><td>Contact Phone</td><td></td></tr> <tr><td> </td><td></td></tr> </table>	Manufacturer		Model Number		Serial Number		Contact Name		Contact Phone			
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<p>NOTE: Do NOT record this inspection sheet into the Central Equipment Database for equipment not expected to be onsite greater than 30 days.</p>													

Section 3 – General Categories to Inspect

Pass	Fail	N/A		Pass	Fail	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires / Tracks / Drive Chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aux. Hook and Ball
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leaking Fluids Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main Hook and Block
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic Hoses in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boom / Mask / Cylinders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights and Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anti Two Block
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Damage Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wedge Socket Plus Cable Length (6 x Diameter)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer Aids / Operator Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roll Over Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Flares and Triangles
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wire Rope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator has no Electrical Primary Feed or Secondary Load Cables Connected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outriggers				

Section 4 – Fuel Type

Section 5 - Comments

Section 6 – Leased Equipment Manager

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Equipment Accepted	Print name:		Signature:	
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