

CHERRY HILL GLASS

DAILY EQUIPMENT INSPECTION FORM

Equipment #: _____	Inspector: _____
Job Name: _____	Week Beginning: _____

Instruction:
All equipment will be operationally tested and visually inspected each day. The designated inspector will place a (✓) in the appropriate box when an item passes inspection. Mark NA if not applicable. Note a brief description of any problem & Immediately notify the Foreman of any lift problems

Operating Controls (Operational) Date:	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Emergency Stop & Brakes								
Base Operation Controls								
Basket Operation Controls								
Foot Controls (if applicable)								
Safety Signs (Readable)								
Boom								
Hydraulic Leaks								
Extension Chain & Pivot Pins								
Electrical Lines								
Basket Cage and Gate								
Anchorage Points								
Base (Visual)								
Broken, Cracked or Loose Parts								
Leaks								
Electrical								
Tires & Outriggers								
Back Up Alarm & Manual								
Engine Compartment (Visual)								
Oil Level								
Fuel Level								
Belt, Hose & Motor Condition								
Battery & Electrical								

Addition Notes: _____

Operators Signature: _____ Date: _____

The Operator/Inspector will forward this inspection form to Michael Roy (safety manager) at the end of each week to mroy@cherryhillglass.com