



Front End Loader Pre-use Inspection Checklist

Operator:				Make & Model:									
Company:				Hour Meter Reading:									
Location:				Date: MM/DD/YYYY		Unit No.:							
POWER OFF CHECKS				Status			POWER ON CHECKS				Status		
				OK	NO	N/A					OK	NO	N/A
1) Underneath machine:							11) Unit starts and runs properly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Wheels & Tires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Instruments/Gauges				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Axles				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13) Hour Meter				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lights/Strobes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Warning lights/audible alarms				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Mirrors/Visibility aids				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Fuel level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Engine/Engine compartment:							16) Horn/audible warning device(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Belts/Hoses				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17) Function controls:						
b) Cables/Wires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Drive – forward/reverse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Steer – left/right				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Battery/Batteries:							c) Bucket/Attachment – All movements				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Terminals tight				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Accessories				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Clean/Dry/Secure				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Emergency/auxiliary controls				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Hydraulics:							19) Wipers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cylinders/Rods				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Seatbelt inspected & fastened				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hoses/Lines/Fittings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL				OK	NO	N/A
c) Pins/Locks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Housekeeping				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Fluids:							22) Manufacturer's operating manuals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Engine oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Decals/Warnings/Placards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Engine coolant Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Misc. parts – loose/missing/broken				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hydraulic oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKPLACE INSPECTION				OK	NO	N/A
d) Fuel/Battery Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Drop-offs or holes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Chassis:							26) Bumps and floor/ground obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cab/Glass/Doors				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Emergency Exit				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Overhead obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Entry/exit steps				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Energized power lines				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) ROPS/FOPS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Hazardous locations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Counterweight/Counterweight bolt(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Ground surface and support conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Fire Extinguisher/Suppression System				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Pedestrian/vehicle traffic				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Articulated frame lock present/functional				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Wind and weather conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Digging Assembly:							34) Other possible hazards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Bucket & cutting edge/work attachment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Loader arms & pins				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.													
Comments													
Operator's initials:													
Alternative operator's initials:													