

Equipment Operator's Inspection

Car, Van, Pickup

Unit No. _____ Mileage/Hours _____

Date _____ Operator/Shift _____

Department _____ Repair Order # _____

Check defects and explain under "Remarks" what is needed or what is defective.

Are you trained to operate this piece of equipment?

Yes: ___ No: ___ Explain: _____

- Only those items applicable to your vehicle need to be checked.
- Reference Repair Order No. if required.

Remarks: _____

Employee's
 Signature _____ Date: _____

Foreman's
 Signature _____ Date: _____

Check The Following	Okay	Repair	Mobile Shop Completed	
			Repaired	Initials
All Oil Levels/Leaks				
Body Damage				
Guards, Covers				
Latches and Handles				
Clutch Adjustment				
Tires and Chocks				
Engine Compartment				
Controls for Proper Operation				
Seat Belts				
Fire Extinguisher and First Aid Kit				
Mirrors, Glass, Windshield Wipers				
Horn				
Backup Alarm				
Lights: Head, Tail, Stop, Turn				
Steering: Linkages, Tie Rods, Free play				
Brakes: Service, Parking				
Check Master Cylinder Fluid Level, Coolant Level and Water Level				

Housekeeping in Vehicle Clean _____ Dirty _____

IF VEHICLE IS UNSAFE AND NEEDS TO BE DEADLINED/RED TAGGED:

- REMOVE KEYS
- ATTACH THIS INSPECTION SHEET TO REPAIR ORDER AND TURN INTO MOBILE MAINTENANCE SHOP WITH KEYS
- FILL OUT REPAIR ORDER

MSHA CFR – 30 – Sub Part M-57.14100

White – Mobile Shop
 Canary – Do Not Remove
 Retention 2 Years

Note: Attach White Mobile Shop Copy to Repair Order