MOBILE EQUIPMENT
DAILY INSPECTION RECORD

Week of: _____ Contractor: _____ GENESYS_____

Equipment Type/Brand:_____ Serial# _____

FIRST OPERATOR OF EACH SHIFT MUST MAKE AN INSPECTION; PUT A CHECK IN EACH BOX AND INITIAL IN THE PROPER COLUMN. IF PROBLEMS ARE FOUND, TAKE EQUIP. OUT OF SERVICE AND INFORM SUPERVISOR.

Item	Mon		Tues		Wed		Thur		Fri		Sat		Sun	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Operational Controls														
Safety devices & brakes														
Lights, extinguisher														
Air, Hydraulic, Fuel Syst.														
Cables and Wire harness														
Look for loose parts														
Tires, Wheels														
Placards, Warnings														
Look for Leaks														
Other														
Grounding Strip (Lifts)														
INITIALS														