

EQUIPMENT & CRANE CHECKLIST

EQUIPMENT: _____

OPERATOR: _____

DATE: _____

DAYS USED / CHECKED - Mon | Tues | Wed | Thurs | Fri

PRE-USE CHECK (Circle)

No visible damage | Fluid gauge levels OK | No leaks | Controls working | Brakes working | Horn working | Backup alarm | Lights

All okay?

SAFETY ITEMS

Fire extinguisher | Seatbelt | Load chart (crane only)

IF CRANE (complete below, circle if yes)

Ground stable | Swing radius clear yes? | Load weight known? yes? | Rigging visually inspected

COMMUNICATION

Crew Understands Hand signals?

NOTES: _____

OPERATOR SIGN: _____