



Your Company Name
 123 Company Lane - New York, NY 12345
 Tel. (123) 456-7890 - Fax. (123) 456-7890

Daily Equipment Report

Equipment # _____ Operator: _____ Date: _____

Load Count _____ Hour Meter: Beginning _____ Ending: _____

Fuel (gallons): _____

PRE-TRIP & POST-TRIP INSPECTION

TIRES / WHEELS: Inspected for damage YES NO Wheels Cleaned YES NO

FINAL DRIVE / PLANETARY: Inspected YES NO Leaks YES NO

RADIATOR: Inspected YES NO Washed YES NO

FLUIDS / OILS / FILTERS

Pre	Post	Amount Added - Gallons
<input type="checkbox"/>	<input type="checkbox"/>	Engine Oil: _____
<input type="checkbox"/>	<input type="checkbox"/>	Transmission Oil: _____
<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic Oil: _____
<input type="checkbox"/>	<input type="checkbox"/>	Coolant: _____
<input type="checkbox"/>	<input type="checkbox"/>	Brake Fluid: _____
<input type="checkbox"/>	<input type="checkbox"/>	Air Filter: <input type="checkbox"/> Replaced <input type="checkbox"/> Cleaned

LEAKS (make note of repairs needed)

Yes	No	Location
<input type="checkbox"/>	<input type="checkbox"/>	Engine (oil/ fuel): _____
<input type="checkbox"/>	<input type="checkbox"/>	Transmission: _____
<input type="checkbox"/>	<input type="checkbox"/>	Hyd (cyl hose): _____
<input type="checkbox"/>	<input type="checkbox"/>	Brakes (air / fluid): _____
<input type="checkbox"/>	<input type="checkbox"/>	Coolant: _____

GENERAL (make note of repairs needed)

Pre	Post	Comments
<input type="checkbox"/>	<input type="checkbox"/>	Back-up Alarm: _____
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher: _____
<input type="checkbox"/>	<input type="checkbox"/>	Mirrors / Glass: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lights: _____
<input type="checkbox"/>	<input type="checkbox"/>	Seat Belt _____
<input type="checkbox"/>	<input type="checkbox"/>	Brakes / Park Brake: _____
<input type="checkbox"/>	<input type="checkbox"/>	Fan Belts: _____

GAUGES / WARNING LIGHTS (make note of repair needed)

Pre	Post	Comments
<input type="checkbox"/>	<input type="checkbox"/>	Temperature: _____
<input type="checkbox"/>	<input type="checkbox"/>	Engine: _____
<input type="checkbox"/>	<input type="checkbox"/>	Transmission: _____
<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic: _____
<input type="checkbox"/>	<input type="checkbox"/>	Warning Lights: _____
<input type="checkbox"/>	<input type="checkbox"/>	Radio (two-way): _____

SERVICE (grease) (refer to operators manual for locations)

Yes	No	Comments
<input type="checkbox"/>	<input type="checkbox"/>	Center Pins _____
<input type="checkbox"/>	<input type="checkbox"/>	Steering Cyl _____
<input type="checkbox"/>	<input type="checkbox"/>	Rollers _____

Yes	No	Comments
<input type="checkbox"/>	<input type="checkbox"/>	Trunions _____
<input type="checkbox"/>	<input type="checkbox"/>	Flex-Aire / Fan _____
<input type="checkbox"/>	<input type="checkbox"/>	Blade / Bucket _____

ITEMS NEEDING REPAIR (LIST ITEM AND DESCRIBE): _____

MECHANIC COMMENTS:

BATTERY DISCONNECT IS SWITCHED OFF AFTER USE

CONDITION OF ABOVE VEHICLE IS SATISFACTORY Operators Signature: _____

Above defects corrected Above defects need not be corrected for Safe Operation of Vehicle Parts ordered

Mechanics Signature: _____ Date: _____

Operators Signature: _____ Date: _____