Permanent/Temporary at Site:			Date of Inspection :		
Vehicle	Reg No: Make:	Inspected By :			
S.No.	Parameter to be Checked	Yes	No	Remark	
1	Main horn provided and working properly				
2	Automatic Reverse Alarm provided and working				
3	Are all tyres in good condition				
4	Display of registration number on front and rear				
5	Valid HMV License possessed by the driver				
6	Valid Registration certificate of the vehicle				
7	Valid Fitness Certificate of the vehicle				
8	Availability of PPE with driver and helper if they need to get down from the vehicle				
9	Are doors/ glass in good condition and locks working				
10	Are wind shields intact and wipers working				
11	PUC Certificate available				
12	Is the body and frame in good condition				
13	Condition of hydraulic equipments/hose are in good condition				
14	Condition of guards to the moving / rotating parts				
15	Availability & use of Wheel chokes.				
16	Is the condition of the batteries OK				
17	Display of Maintain Safe Distance sticker				
18	Is a fire extinguisher present inside the operator cabin				
19	Availability of First aid kit				
20	Medical Checkup of the driver e of Area Incharge		nature of Sa		

INSPECTION CHECKLIST - Excavator						
Contract	or:					
Permanent/Temporary at Site:			Date of Inspection :			
Vehicle Reg No: Make:		Inspected By :				
S.No.	Parameter to be Checked	Yes	No	Remark		
1	Main Horn provided and working properly					
2	Steps And Handholds are existing properly					
3	Are crawlers in good condition					
4	Head lights, side indicator, back light and brake light provided & functioning properly					
5	Is the body and frame in good condition					
6	Is the seat belt mounted and wearable?					
7	Are Underframe/ Chassis, Suspension / Axles in good condition		:			
8	Are Brakes / parking brakes in good condition					
9	Are mirrors available and in good condition					
10	Condition of hydraulic equipment/hose are in good condition					
11	Are wind shields intact and wipers working					
12	Are doors / glass in good condition and locks working					
13	Condition of pins /rollers/ locks					
14	Condition of guards to the moving / rotating parts					
15	Are bucket, teeth, boom and blade in good condition					
16	Are Locking devices and fasteners OK					
17	Is message of "Keep a distance" in displayed?					
18	Is cabin properly illuminated and ventilated(fan)					
19	Is a fire extinguisher present inside the operator cabin					
20	First Aid Kit available?					
21	Is the condition of the batteries OK					
22	Is a seat belt available for operator					
23	Availability & display of reflective stickers			1111		
24	Valid HMV License possessed by the driver/operator?					
25	Medical Records of the operator?					
Signature of Shift In-charge with Name & Date		Signature of Safety Officer with Name & Date				

INSPECTION CHECKLIST - Wheel Loader						
Contract	or:					
Permanent/Temporary at Site:		Date of Inspection :				
Vehicle Reg No: Make:		Inspected By :				
S.N.	Parameter to be Checked	Yes	No	Remark		
1	Main Horn provided and working properly		Ì			
2	Automatic Reverse horn provided and working properly					
3	Reverse Camera provided and working?					
4	Are Tyres in good condition					
5	Head lights, side indicator, back light and brake light provided & functioning properly					
6	Is the body and frame in good condition					
7	Is the seat belt mounted and retractable type?					
8	Are Underframe/ Chassis, Suspension / Axles in good condition					
9	Are Brakes / parking brakes in good condition					
10	Are mirrors available and in good condition					
11	Condition of hydraulic equipment/hose are in good condition					
12	Are wind shields intact and wipers working					
13	Are doors / glass in good condition and locks working					
14	Condition of pins /rollers/ locks					
15	Condition of guards to the moving / rotating parts					
16	Is message of "Keep safe distance" displayed?					
17	Is cabin properly illuminated and ventilated(fan)					
18	Is a fire extinguisher present inside the operator cabin					
19	First Aid kit available?					
20	Is the condition of the batteries OK					
21	Availability & display of reflective stickers					
22	PUC Certificate available					
23	Valid HMV License possessed by the driver					
24	Valid RTO passing of the vehicle					
25	Medical Checkup done including eye checkup?					
Signature of Operations Incharge		Signature of Safety Officer				
with Nam	e & Date		with Name	& Date		