

Equipment Safety Check Report

Date: [Insert Date]

Site Location: [Insert Location]

Prepared by: [Insert Name]

Equipment Checked: [Insert Equipment Name and ID]

Safety Check Summary

Item	Status	Remarks
Brakes	[Pass/Fail]	[Comments]
Hydraulic System	[Pass/Fail]	[Comments]
Safety Features	[Pass/Fail]	[Comments]
Electrical System	[Pass/Fail]	[Comments]

Recommendations

[Insert any recommendations based on the findings]

Signatures

Checked by: _____

Approved by: _____