



SHAPE
SAFETY & HEALTH IN ARTS
PRODUCTION & ENTERTAINMENT

Equipment Safety Inspection Checklist (Log)

Company: _____ Unit Number: _____

Operator: _____ Shift: _____

Date: _____

	Checklist	Mon	Tues	Wed	Thur	Fri	Sat	Sun
1	Operating and Emergency Controls							
2	Safety Devices							
3	Personal Protective Devices							
4	Tires and Wheels							
5	Outriggers (if applicable) and other Structures							
6	Air/Hydraulics and Fuel System For Leaks							
7	Cables and Wiring Harnesses							
8	Placard/Warning Control Markings							
9	Operating Manuals							
10	Guardrail System							
11	Engine Oil Level (if applicable)							
12	Battery Fluid Level							
13	Hydraulic Reservoir Level							
14	Coolant Level (if applicable)							
15	Loose or Missing parts							
16	Braking Device(s) Operating Properly							
17	Motion Alarms							

Warning: Do not operate this equipment without proper authorization and training.

Additional Comments or remarks: _____

Supervisor: _____