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## Excavator - Excavator Daily Check Checklist

### Inspection Details

Report #: \_\_\_\_\_

Location: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

### Vehicle Details

Vehicle # : \_\_\_\_\_

Vehicle Category : \_\_\_\_\_

Vehicle Name : \_\_\_\_\_

VIN #: \_\_\_\_\_

Meter Reading: \_\_\_\_\_

Model/Year: \_\_\_\_\_

### In cab

| SN | Inspection Item  | Note | Good                     | Repair                   | Replace                  | NA                       |
|----|--|------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1  | First Aid Kit available & Fire Extinguisher in service?  |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | Fuel, oil and water - Are levels sufficiently topped up? |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | Mirrors & Windscreen                                     |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | Horn   |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | Washers & Wipers   |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  | Steering   |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | Brakes   |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Machine - Provide Photos & Notes for any New Damage

| SN | Inspection Item                          | Note | Good                     | Repair                   | Replace                  | NA                       |
|----|--|------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8  | Fuel / Oil                               |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | Correct Bucket/attachment for job        |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Wheel nuts & tyres                       |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Radiator Level, Grease points lubricated |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|    |      |  |                          |                          |                          |                          |
|----|------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 12 | Body |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----|------|--|--------------------------|--------------------------|--------------------------|--------------------------|

Other

| SN | Inspection Item  | Note | Good                     | Repair                   | Replace                  | NA                       |
|----|--|------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13 | For any additional comments please select At Risk - Eg. Info you would like to share with Dispatch or Workshop |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Additional Note |
|-----------------|
|                 |

Overall Condition: \_\_\_\_\_

Vehicle Safe to Use: \_\_\_\_\_

Maintenance Priority: \_\_\_\_\_

Deployed: \_\_\_\_\_

\_\_\_\_\_  
Signature



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