

Move from paper to digital easily!

Download the app from below link or Scan the QR Code to use this paper checklist on your smartphone or tablet.

Get notified on upcoming service schedules check more <https://hvi.app>



Plant Safety Inspection (FDA, EPA and OSHA)

Inspection Details

Report #: _____

Location: _____

Inspection Date: _____

Inspector Name: _____

Vehicle Details

Vehicle #: _____

Vehicle Category: _____

Vehicle Name: _____

VIN #: _____

Meter Reading: _____

Model/Year: _____

Maintenance

SN	Inspection Item	Note	Yes	No	NA
1	Is maintenance up to date?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are records kept of commissioning and all alterations, inspections and maintenance?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General safety

SN	Inspection Item	Note	Yes	No	NA
3	Is plant registered with WorkSafe, where necessary?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are the manufacturers' manuals and operator instructions readily available?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are load charts/capacity chart provided and legible?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are seatbelts fitted and functional?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Where a Rollover Protective Structure (ROP) or Falling Objects Protection Structure (FOP) is fitted, is it suitable and adequate to reduce the risks?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8	Is every dangerous part of fixed, mobile or handheld powered plant (machinery), as far as practicable, securely fenced or guarded unless positioned or constructed so it is as safe as it would be if guarded?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are people provided with safe access that is suitable for the work they perform in, on and around machinery and equipment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Is other personal protective equipment provided as necessary? For example, high visibility clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Has a noise assessment been conducted and have control measures been implemented? See also the checklist for noise.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Are steam and hot water pipes insulated?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safe work procedures

SN	Inspection Item	Note	Yes	No	NA
13	Have safe work procedures been provided and documented for use and maintenance of machinery and plant?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operator training

SN	Inspection Item	Note	Yes	No	NA
14	Is there evidence of training and instruction?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Do operators hold relevant high risk work licences, if applicable? These are required for mobile cranes, forklifts, concrete placing units (truck mounted with a boom) and boom type elevating work platforms (greater than 11 metres boom length)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Note

--

Overall Condition: _____
Vehicle Safe to Use: _____
Maintenance Priority: _____
Deployed: _____

Signature



Take the first step today

Learn more and sign up on

WWW.HEAVYVEHICLEINSPECTION.COM

