

Material Handling Equipment Checklist

Format No.:

Date	Unit / Department	Location	Area	Inspector Name	Ins. Signature
Equipment Name / Identification Number					

#	Checklist Points	Observation	Completed Date
01	All Transmissions of equipment.		
02	Check degree of difference of equipment.		
03	Check clutch, flywheel & Supporting accessories.		
04	Check cylinder heads and supporting piping.		
05	Check fan clutch & hub assembly.		
06	Check tires and wheels – Air, Pressures etc..		
07	Check brakes, brake wires, break shoe.		
08	Check fuel tanks, level, leakage		
09	Check reserve Wheels & condition		
10	Radiators / CAC / AC Condensers		
11	Check leaf springs & supporting materials.		
12	Check start starters, chock, etc..		
13	Check drive lines		
14	Check diesel particulate filters		
15	Check engine visually & around.		
16	Notice– any oil leakage		
17	Notice – any grease excessive		
18	Notice – water leakage		
19	Extra observations		

** We understand department head is agree with above all points, observations & completion date is matching, if signed under, if not signed, short note should be dedicate for it.*

<u>Note:</u>	D.Hod. Sign.	
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Department Head Name: _____ Signature: _____