

Equipment Inspection Checklist

Project Name:
Checklist No.
Make:
 OWN

Project Code:
Date:
Model:
 Hired Contractor

Equipment Name & Number:		TRANSIT CONCRETE MIXER		
Note: Please write Yes or No in the given box and if some comments write in remarks column.				
SN.	Description		Yes/No	Remarks
1.	Transit mixer should be physically in good condition.	#		
2.	No damage in tire (Bolts, crack, cuts & air pressure, etc.).	#		
3.	Registration number should be written.	#		
4.	Head & tail light and indicators are in working condition.	#		
5.	Side mirror should be in good condition.	#		
6.	Wind shield/glass should be in proper condition.	#		
7.	Wiper should be in running condition.			
8.	Red triangle/reflective tape should be fixed in front of vehicle.			
9.	Rotatory part of secondary engine should be covered with fix guard.	#		
10.	Rotating part of gear box should be covered by fixed guard.	#		
11.	Inbuilt ladder should be proper with suitable guard.	#		
12.	Front & reverse horn.	#		
13.	Fire extinguisher in operator cabin.	#		
14.	Operator have valid and suitable license & TPC.	#		
15.	First aid kit should be available.			
16.	Normal break & emergency (hand) break should be in functional & operational condition.	#		



FIT <input type="checkbox"/>	PARTIALLY FIT <input type="checkbox"/>	UNFIT <input type="checkbox"/>
Inspected By		Reviewed By
Name:		Name:
Signature with date:		Signature with date: