Project Name:

Checklist No. …………

Make:

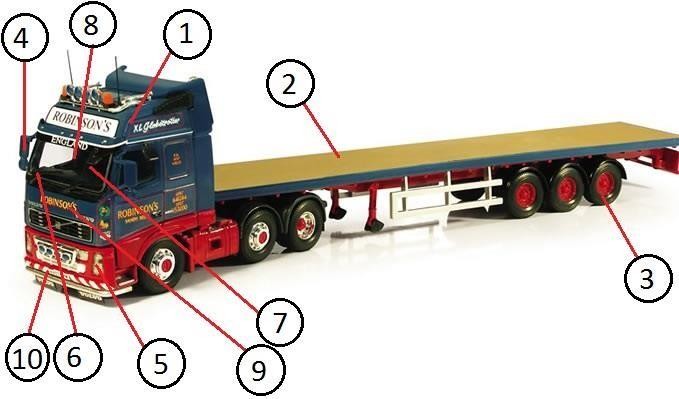
**Checklist for Equipment Inspection**

Project Code: Date:

Model:

Hired Contractor

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Equipment Name & Number: | | **39-Trailer** & | | | |
| **Note:** Please write Yes or No in the given box and if some comments write in remarks column. | | | | | |
| **SN.** | **Description** | |  | **Yes/No** | **Remarks** |
| 1. | Operator cabin should be fully covered and made by sound quality of material. | | # |  |  |
| 2. | Carrier should be in good condition. | | # |  |  |
| 3. | No damage in tire (Bolts, crack, cuts & air pressure, etc.). | | # |  |  |
| 4. | Side mirror should be in good condition. | | # |  |  |
| 5. | Head & tail light and indicators are in working condition. | | # |  |  |
| 6. | Wiper should be in running condition. | |  |  |  |
| 7. | Wind shield/glass should be in proper condition. | | # |  |  |
| 8. | Seatbelt should be available. | | # |  |  |
| 9. | Red triangle/reflective tape should be fixed in front of vehicle. | |  |  |  |
| 10. | Registration number should be written. | | # |  |  |
| 11. | Front & reverse horn. | | # |  |  |
| 12. | Fire extinguisher in operator cabin. | | # |  |  |
| 13. | Operator have valid and suitable license. | | # |  |  |
| 14. | First aid kit should be available. | |  |  |  |
| 15. | Normal break & emergency (hand) break should be in functional & operational condition. | | # |  |  |



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FIT |  | PARTIALLY FIT UNFIT | |  |  |
| Inspected By | | | Reviewed By | | |
| Name: | | | Name: | | |
| Signature with date: | | | Signature with date: | | |