UCMERCED
UNIVERSITY OF CALIFORNIA, MERCED

Rental Equipment Inspection Form

**EH&S Notification is required prior to use

INSPECTION DATE: _____ TIME: _____

EQUIPMENT TYPE: _____ UNIT NUMBER: _____

RENTAL COMPANY: _____ CONTACT: _____

WORK ORDER NUMBER:	**CONDITION**		
	GOOD	NEEDS REPAIR	N/A
Tires or tracks	○	○	○
Hydraulic oil	○	○	○
Oil leak/lube	○	○	○
Cab, mirrors, seat belt and glass	○	○	○
Horn and gauges	○	○	○
Lights	○	○	○
Turn signals	○	○	○
Backup lights and alarm	○	○	○
Brake condition (dynamic service, park, etc.)	○	○	○
Fire extinguisher condition	○	○	○
Frame, ladder(s) and walkway	○	○	○
Hand grabs and steps	○	○	○
Ground engaging attachments	○	○	○
Power cable and/or hoist cable(s)	○	○	○
Steering (standard and emergency)	○	○	○
Guards	○	○	○
Power cord, connectors	○	○	○
Decals/placards	○	○	○

VERIFICATION OF TRAINING AND CERTIFICATION	YES	NO	N/A
Equipment Operator trained:	○	○	○
Operator certifications are current:	○	○	○
Defects or repairs are needed:	○	○	○

GENERAL SAFETY CONDITION OF THE EQUIPMENT:	**LOCATION(S) EQUIPMENT WILL BE USED:** (EXTERIOR/INTERIOR, BUILDING, STREET NAME, ETC.)

AUTHORIZED OPERATOR

FIRST NAME _____ LAST NAME _____

SIGNATURE _____ DATE _____

SUPERVISOR

FIRST NAME _____ LAST NAME _____

SIGNATURE _____ DATE _____