

GSE INSPECTION BACKUP FORM

Belt Loader | Blank printable copy

INSPECTION TYPE	☐ PRE-TRIP ☐ POST-TRIP	DATE	_____
STATION	_____	SHIFT	☐ AM ☐ PM ☐ Overnight
UNIT / ASSET #	_____	HOUR / ODOMETER	_____
INSPECTOR	_____	EQUIPMENT TYPE	Belt Loader

Mark one box for every inspection item. Any failed item must be described below.

#	INSPECTION ITEM	PASS	FAIL	N/A
1	General condition	☐	☐	☐
2	Tires and wheels	☐	☐	☐
3	Brakes and parking brake	☐	☐	☐
4	Steering and horn	☐	☐	☐
5	Lights and beacon	☐	☐	☐
6	Conveyor belt	☐	☐	☐
7	Boom lift and controls	☐	☐	☐
8	Emergency stop	☐	☐	☐
9	Guards and handrails	☐	☐	☐
10	Engine / battery compartment	☐	☐	☐
11	Fire extinguisher	☐	☐	☐
12	Seat belt / operator area	☐	☐	☐

DEFECTS / DAMAGE / CORRECTIVE ACTION / REMARKS

☐ Equipment safe for service	☐ OUT OF SERVICE / TAGGED
Person notified: _____	Time notified: _____
Inspector signature: _____	Time completed: _____
Supervisor review/signature: _____	Date: _____