

GSE INSPECTION BACKUP FORM

Other GSE | Blank printable copy

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

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, wheels, or supports	☐	☐	☐
3	Brakes / securing devices	☐	☐	☐
4	Controls and gauges	☐	☐	☐
5	Lights, beacon, and alarms	☐	☐	☐
6	Hoses, cables, and connections	☐	☐	☐
7	Guards and safety devices	☐	☐	☐
8	Engine / battery compartment	☐	☐	☐
9	Tow bar / hitch	☐	☐	☐
10	Emergency stop	☐	☐	☐
11	Fire extinguisher	☐	☐	☐
12	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: _____