

GSE INSPECTION BACKUP FORM

Push Tug | Blank printable copy

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

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	Service brakes	☐	☐	☐
4	Parking brake	☐	☐	☐
5	Steering	☐	☐	☐
6	Horn and backup alarm	☐	☐	☐
7	Lights and beacon	☐	☐	☐
8	Tow hitch / coupler	☐	☐	☐
9	Engine / battery compartment	☐	☐	☐
10	Seat belt and mirrors	☐	☐	☐
11	Fire extinguisher	☐	☐	☐
12	Communication equipment	☐	☐	☐

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: _____