

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: _____

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: _____

GSE INSPECTION BACKUP FORM

Baggage Tug | Blank printable copy

INSPECTION TYPE	☐ PRE-TRIP ☐ POST-TRIP	DATE	_____
STATION	_____	SHIFT	☐ AM ☐ PM ☐ Overnight
UNIT / ASSET #	_____	HOUR / ODOMETER	_____
INSPECTOR	_____	EQUIPMENT TYPE	Baggage 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	Front and rear hitches	☐	☐	☐
9	Engine / battery compartment	☐	☐	☐
10	Seat belt and operator area	☐	☐	☐
11	Fire extinguisher	☐	☐	☐
12	Baggage carts attached	☐	☐	☐

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: _____

GSE INSPECTION BACKUP FORM

GPU | Blank printable copy

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

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, and tow bar	☐	☐	☐
3	Parking brake / chocks	☐	☐	☐
4	Power cable and plug	☐	☐	☐
5	Cable storage	☐	☐	☐
6	Control panel and gauges	☐	☐	☐
7	Emergency stop	☐	☐	☐
8	Warning lights and alarms	☐	☐	☐
9	Engine / battery compartment	☐	☐	☐
10	Grounding equipment	☐	☐	☐
11	Fire extinguisher	☐	☐	☐
12	Output test	☐	☐	☐

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: _____

GSE INSPECTION BACKUP FORM

LAV Cart | Blank printable copy

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

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, and tow bar	☐	☐	☐
3	Parking brake / chocks	☐	☐	☐
4	Waste tank	☐	☐	☐
5	Fill tank	☐	☐	☐
6	Hoses and couplers	☐	☐	☐
7	Valves and controls	☐	☐	☐
8	Pump operation	☐	☐	☐
9	Spill kit and PPE	☐	☐	☐
10	Sanitation condition	☐	☐	☐
11	Placards and labels	☐	☐	☐
12	Fluid leaks	☐	☐	☐

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: _____

GSE INSPECTION BACKUP FORM

Snow Blower | Blank printable copy

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

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 / tracks	☐	☐	☐
3	Engine oil and fuel	☐	☐	☐
4	Auger and impeller	☐	☐	☐
5	Chute and deflector	☐	☐	☐
6	Drive controls	☐	☐	☐
7	Safety interlocks	☐	☐	☐
8	Belts and guards	☐	☐	☐
9	Lights and beacon	☐	☐	☐
10	Emergency stop	☐	☐	☐
11	Cab / operator controls	☐	☐	☐
12	Fire extinguisher	☐	☐	☐

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: _____

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: _____