		1					Doo Dof #1 VV7/INAC/OUGE/E/00			
Logo		Roller Inspection Checklist QHSE Forms					Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY			
							Rev #: 00			
		Organization Name					Page 1 of 2			
Smo	oth Roller	☐ Pad Foot Roller ☐					Checklist Sr. #			
Machine ID #				Manufactu	irer					
Inspected By				Approved By						
Location			Inspect	ed On:	,		Next Inspection:			
		Requirements								
The contractor and user employing the machinery, must ensure that the machinery is safe and ready to use. The										
sharp edges and moving parts are protected, locked and maintained for effective working. Tick () the correct answer.										
S/#	Criteria				Yes	No	Comment			
	ical Appea	rance			103	140	Comment			
1	The equip	equipment is in good condition, free of rust, dan								
2	The cabin	The cabin of the equipment is installed with lock?								
3	The cabin	The cabin of the equipment is free of rubbish materi								
4	The seat and seat belt are in good condition?									
5	The contr	The controls are labelled and working properly?								
6	All the wi	All the wirings are covered, insulated, and under the								
7	Flashing li	ng light, reverse beacon, and horn are working pr								
Engi	ne Compar	tment								
1	Engine oil	, lubricants and fuel leakage?								
2	Hydraulic	oil level is as per requirement?								
3	Water lev	Water level in reservoir is as per required level?								
4	Coolant level in the reservoir is as per required leve			I?						
5	Battery water level is as per required level?		?							
6	Battery is	correctly attached to the termina	als?							
7	Fan belt is	s in good condition and working p								
Whe	els									
1	The rear v	wheels of the machine are in good	d condition	on?						
2	The air pr	essure in the rear wheels is as pe	r require	ment?						

3

4

5

The forward smooth roller/ pad foot is in good condition?

The roll drums are correctly connected to the body?

Shock absorbing mechanism is working properly?

Logo		Roller Inspection Checklist	Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY Rev #: 00							
		QHSE Forms								
		Organization Name	Page 2 of 2							
6	Steering properly?	mechanism and turn hydraulics are working								
7	Forward, reverse and neutral controls are working properly?									
S/#	Criteria		Yes	No	Comment					
Instr	uments									
1	Fuel gauge	e is in good condition?								
2	Temperature, hydraulic pressure gauge is working properly?									
3	Emergency Stop button is working properly?									
4	Engine Adjustment Level is working properly?									
Emei	rgency Arra	ngements								
1	First aid bo	ox is provided in the cabin?								
2	Fire Exting	uisher is available in the cabin?			Expiry Date:					
Observations										
Reco	mmendatio	ons								

Approved By