

Farm Hazard Inspection Checklist

TRACTOR

Completed By: _____ Date: _____

Tractor Identification (Make/Model): _____

Items	Hazards		Action		Notes
	Yes	No	Target Date	Corrected	
Does tractor have a rollover protective structure(ROPS) or a ROPS equipped cab?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
If tractor has a a ROPS, is seat belt in working condition?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Is PTO master shield in place and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Are fuel, oil and hydraulic systems free of leaks and maintained at recommended levels?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Are the operator's platforms free of grease, mud and tool?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Do all lights and flashers work?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Is the SMV emblem clean, unfaded and undamaged?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Are reflectors clean, unfaded and undamaged?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Have defective mufflers and other exhaust components been replaced?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Is the drawbar in proper position?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Is each tractor equipped with a 10-pound (minimum) ABC type fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Are cab windows and mirrors clean to maintain clear visibility?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Are tires in good condition and inflated to the recommended pressure?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Can brakes be locked together for road travel?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Does the parking brake work?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Are controls clearly marked and gauges working properly?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Have employees had training on safe operation ? [Reference: OSHA 1928.51 (d)]	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Have operators been instructed on seatbelt use? [Ref: OSHA 1928.51 (b)(2)]	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Is the operator's manual available to operators?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Is a first-aid kit available?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Have emergency procedures been provided to operators?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	