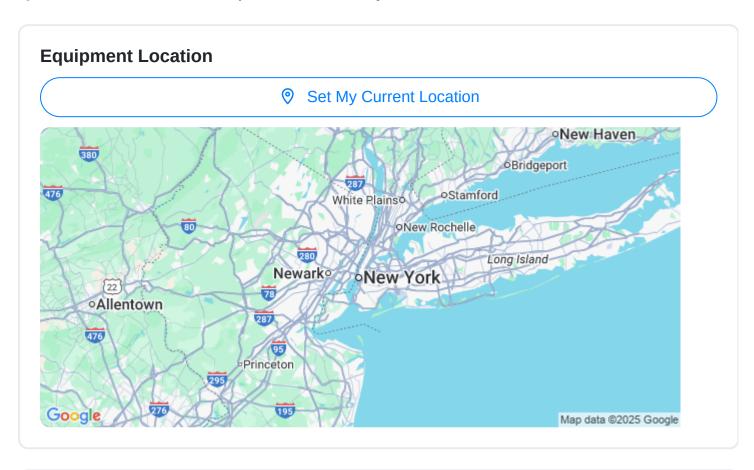


# **Farm Equipment Maintenance Checklist**

## **Daily Walkaround Inspection**

Quick visual check before operation to identify immediate issues.



### Hour Meter Reading

Enter a number...

#### **Visual Damage Notes**

Write something...

Leaks Observed?  Yes No	
Fluid Levels Appear Normal?  Yes  No	
Inspector Signature	
ingine Maintenance necks related to engine health and performance.	
Engine Hours  Enter a number	
Oil Level (mm)  Enter a number	

Oil Condition
Clean
Slightly Dirty
Dirty
☐ Very Dirty
Last Oil Change Date
Enter date
Coolant Level (mm)
Enter a number
Coolant Condition
Good
Cloudy
Rusty
Next Scheduled Service
Enter date
Hydraulic System Checks
Inspection and maintenance of hydraulic components.
Hydraulic Oil Level (inches)

Enter a number...

Hydraulic Oil Pressure (PSI)  Enter a number	
Oil Condition	
Clean	
Slightly Cloudy	
Cloudy/Milky	
Contaminated	
Leak Detection Notes (if any)	
Write something	
Hose Condition	
Good	
Cracks	
Leaks	
Bulges	
Last Hydraulia Fluid Changa Data	
Last Hydraulic Fluid Change Date	
Enter date	

# **Tire and Wheel Inspection**

Assessment of tire condition, pressure, and wheel integrity.

Tire Pressure (PSI)
Enter a number
Tire Tread Depth (mm/inches)
Enter a number
Tire Condition  Excellent
Good
☐ Fair
☐ Poor ☐ Needs Replacement
Wheel Damage
None
Minor Scratches
☐ Cracks ☐ Significant Damage
Notes/Comments (e.g., uneven wear, cuts, bulges)
Write something

Lug Nut Condition	
☐ Tight	
Loose	
Missing	
Damaged	
mplement/Attachment Inspection	
Check of attached implements, tools, or attachments.	
Attachment Type	
Tractor 3-Point Hitch	
Front-End Loader	
Rotary Tiller	
Mower Conditioner	
Planter	
Sprayer	
Other	
Hours of Use (since last inspection)	
Enter a number	
Visual Inspection Notes (damage, wear)	
Write something	

Hitch Pin Condition  Good Fair Poor - Requires Replacement
Blade/Tine Condition Score (1-5, 5=Excellent)  Enter a number
Photo Documentation (if applicable)  ① Upload File
Operating Leaks?  Yes No
Safety Equipment Verification  Ensuring all safety features are functional (lights, guards, brakes).
Headlights Functioning?  Yes  No N/A

Brake Lights Functioning?  Yes  No N/A
Turn Signals Functioning?  Yes  No N/A
Backup Alarm Operational?  Yes  No N/A
ROPS (Roll-Over Protective Structure) Intact?  Yes  No  N/A
Brake Pressure (PSI)  Enter a number

# **Lubrication Points**

Checking and replenishing lubricants where needed.

Grease Point 1 - Quantity (oz)	
Enter a number	
Grease Point 1 - Description	
Write something	
Grease Point 2 - Quantity (oz)	
Enter a number	
Grease Point 2 - Description	
Write something	
Last Lubrication Date	
Enter date	
Notes on Lubrication	
Write something	

## **Fluid Level Checks**

Monitoring and topping off fluids like coolant, oil, and transmission fluid.

Engine Oil Level (Quarts)
Enter a number
Coolant Level (Gallons)
Enter a number
Hydraulic Oil Level (Quarts)
Enter a number
Transmission Fluid Level (Quarts)  Enter a number
Brake Fluid Condition  Normal  Low  Cloudy  Contaminated
Last Fluid Change Date  Enter date

Write something	
ilter Inspection & Replaceme	
Air Filter Condition	
Clean	
Slightly Dirty	
☐ Dirty ☐ Very Dirty	
Fuel Filter Condition	
Clean	
Slightly Dirty	
Dirty	
Very Dirty	
Air Filter Replacement Mileage (Miles)	
Enter a number	
Fuel Filter Replacement Mileage (Miles)	
Enter a number	
Litter a namber	

Enter date	
Fuel Filter Replacement Date	
Enter date	
Notes/Comments about Filter Condition	
Write something	