Portable Air Compressor Daily Checklist

Compressor Make/Model: _____

Equipment ID: _____

Inspection Date: _____

Operator Name: _____

Supervisor Name: _____

Compressor CFM Rating: _____

No.	Inspection Item	Status	Remark
1	Pre-Start Inspection - Checkpoint 1	OK / FAIL / NA	
2	Pre-Start Inspection - Checkpoint 2	OK / FAIL / NA	
3	Pre-Start Inspection - Checkpoint 3	OK / FAIL / NA	
4	Pre-Start Inspection - Checkpoint 4	OK / FAIL / NA	
5	Pre-Start Inspection - Checkpoint 5	OK / FAIL / NA	
6	Engine & Fuel System - Checkpoint 1	OK / FAIL / NA	
7	Engine & Fuel System - Checkpoint 2	OK / FAIL / NA	
8	Engine & Fuel System - Checkpoint 3	OK / FAIL / NA	
9	Engine & Fuel System - Checkpoint 4	OK / FAIL / NA	
10	Engine & Fuel System - Checkpoint 5	OK / FAIL / NA	
11	Cooling System - Checkpoint 1	OK / FAIL / NA	
12	Cooling System - Checkpoint 2	OK / FAIL / NA	
13	Cooling System - Checkpoint 3	OK / FAIL / NA	
14	Cooling System - Checkpoint 4	OK / FAIL / NA	
15	Cooling System - Checkpoint 5	OK / FAIL / NA	
16	Compressor Components - Checkpoint 1	OK / FAIL / NA	
17	Compressor Components - Checkpoint 2	OK / FAIL / NA	
18	Compressor Components - Checkpoint 3	OK / FAIL / NA	
19	Compressor Components - Checkpoint 4	OK / FAIL / NA	
20	Compressor Components - Checkpoint 5	OK / FAIL / NA	

Operator Signature: _____ Barcode: _____