

TROLLEY INSPECTION CHECKLIST	WEEK STARTING DATE:    /    /						
Company: .....	Trolley Make / Manufacturer .....						
Site: .....	Trolley ID Number .....						
Check daily before each shift, dayshift, nightshift and afternoon shift √ = OK    X = Action needed	Mon	Tues	Wed	Thurs	Frid	Sat	Sun
Design registration provided							
Engineering certification provided							
Compliance plate attached							
Load capacity plate is fitted and legible							
Manufacturers data sheet provided							
Manufacturers operators manual provided							
A risk assessment for the trolley has been developed							
Workers have been tool boxed on the risk assessment							
Workers have been trained in operation of trolley and manual handling							
Inspected for any damage and that all parts are secure and functional (including all bolts, wheels, moving parts etc)							
A task SWMS / JHA is developed for the specific task							
Operator performing checks to sign at the bottom of each column							

REPORT UNSAFE WORK PRACTICES - CALL (08) 9228 6900 OR EMAIL [SAFETY@CFMEUWA.COM](mailto:SAFETY@CFMEUWA.COM)

**Stand up. Speak out. Come home.**

FAULTS REPORTED BY: ..... Date: / /

FAULTS REPORTED TO: ..... Date: / /

Description of Fault: .....  
.....  
.....  
.....

NOTE: Operator to tag trolley out of Service if faults are identified.

ACTION TAKEN TO RETURN TO SERVICE:

.....  
.....  
.....  
.....

REPAIRED BY: ..... DATE: / / SIGN:

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