

Equipment Operator's Pre-Shift Safety Check List

Date: 12-3-25

Note: (fill out this sheet before starting shift)

Equipment #: 1031

Equipment Type: 2003 Int 4300 Fuel Tr

Shift: Day

Machine Hours: _____

Codes:

| OK | Repairs Made | Repairs Required |
|---|--------------|------------------|
| ✓ | 0 | X |
| Excessive oil or Hydraulic Leaks | | |
| Backup Alarm | | |
| Brakes: Foot | | |
| Brakes: Parking | | |
| Air System/Leaks/Building, holding pressure | | |
| Fire Extinguisher | | |
| Lights | | |
| Horn (Electric) | ✓ | |
| Horn (Air) | | |
| Windshield Wipers | ✓ | |
| Glass: Windshield | ✓ | |
| Glass: Door | ✓ | |
| Grab Rails | ✓ | |
| Steps | ✓ | |
| Safety Guards | ✓ | |
| Pin Conditions (If Applicable) | NA | |
| Mirrors | ✓ | |
| Heating/Air Conditioner Working | ✓ | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | ✓ | |
| Coolant Level/Leaks | ✓ | |
| Engine Oil Level/Leaks | ✓ | |
| Hydraulic Oil Level/Leaks | ✓ | |
| Transmission Oil Level/Leaks | ✓ | |
| Fuel Level | ✓ | |
| DEF Level | | |
| Water Level | | |

Operator's Remarks: _____

Operator's Signature: Jeremy Haffner

Supervisor's Signature: M. Miller

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-3-20

Note: (fill out this sheet before starting shift)

Equipment #: _____

Equipment Type: 2500 HD Check

Shift: DAY

Machine Hours: _____

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | O | X |

| | | |
|---|---|--|
| Excessive oil or Hydraulic Leaks | ✓ | |
| Backup Alarm | ✓ | |
| Brakes: Foot | ✓ | |
| Brakes: Parking | ✓ | |
| Air System/Leaks/Building, holding pressure | ✓ | |
| Fire Extinguisher | ✓ | |
| Lights | ✓ | |
| Horn (Electric) | ✓ | |
| Horn (Air) | ✓ | |
| Windshield Wipers | ✓ | |
| Glass: Windshield | ✓ | |
| Glass: Door | ✓ | |
| Grab Rails | ✓ | |
| Steps | ✓ | |
| Safety Guards | ✓ | |
| Pin Conditions (If Applicable) | ✓ | |
| Mirrors | ✓ | |
| Heating/Air Conditioner Working | ✓ | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | ✓ | |
| Coolant Level/Leaks | ✓ | |
| Engine Oil Level/Leaks | ✓ | |
| Hydraulic Oil Level/Leaks | ✓ | |
| Transmission Oil Level/Leaks | ✓ | |
| Fuel Level | ✓ | |
| DEF Level | ✓ | |
| Water Level | ✓ | |

Operator's Remarks: _____

Operator's Signature: 

Supervisor's Signature: 

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Equipment # 1281

Date 12-3-25

Equipment Type S.50 x S.DP

Shift DAY

Machine Hours 645

| Codes: | OK | Repairs Made | Repairs Required |
|--------|----|--------------|------------------|
| | ✓ | 0 | X |

| | |
|--|----|
| Excessive oil or hydraulic Leaks | ✓ |
| Backup Alarm | ✓ |
| Brakes:Foot | ✓ |
| Brakes: Parking | ✓ |
| Air System/Leaks/Building,holding pressure | NA |
| Fire Extinguisher | ✓ |
| Lights | ✓ |
| Horn(Electric) | ✓ |
| Horn(Air) | NA |
| Windshield Wipers | ✓ |
| Glass:Windshield | ✓ |
| Glass:Door | ✓ |
| Grab Rails | NA |
| Steps | NA |
| Safety Guards | NA |
| Pin Conditions (If Applicable) | NA |
| Mirrors | ✓ |
| Heating/Air Conditioner Working | ✓ |
| Wheel Chocks | ✓ |
| Seat Belts | ✓ |
| Tires/Wheels | ✓ |
| Steering/Fluid level | ✓ |
| Coolant Level/Leaks | ✓ |
| Engine Oil Level/Leaks | ✓ |
| Hydraulic Oil Level/Leaks | NA |
| Transmission Oil Level/Leaks | ✓ |
| Fuel Level | ✓ |
| DEF Level | ✓ |
| Water Level | NA |

OPERATOR REMARKS:



OPERATOR'S SIGNATURE



SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Equipment # 1112

Date 12-3-25

Equipment Type Cat Truck

775

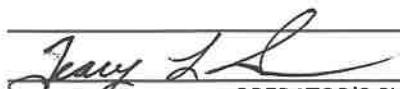
Shift Day

Machine Hours 31714

| Codes: | OK | Repairs Made | Repairs Required |
|--------|----|--------------|------------------|
| | ✓ | O | X |

| | | | |
|--|----|--|--|
| Excessive oil or hydraulic Leaks | | | |
| Backup Alarm | / | | |
| Brakes:Foot | / | | |
| Brakes: Parking | | | |
| Air System/Leaks/Building,holding pressure | NA | | |
| Fire Extinguisher | / | | |
| Lights | / | | |
| Horn(Electric) | | | |
| Horn(Air) | NA | | |
| Windshield Wipers | | | |
| Glass:Windshield | | | |
| Glass:Door | / | | |
| Grab Rails | | | |
| Steps | | | |
| Safety Guards | | | |
| Pin Conditions (If Applicable) | | | |
| Mirrors | | | |
| Heating/Air Conditioner Working | | | |
| Wheel Chocks | | | |
| Seat Belts | | | |
| Tires/Wheels | | | |
| Steering/Fluid level | | | |
| Coolant Level/Leaks | | | |
| Engine Oil Level/Leaks | | | |
| Hydraulic Oil Level/Leaks | | | |
| Transmission Oil Level/Leaks | | | |
| Fuel Level | | | |
| DEF Level | NA | | |
| Water Level | NA | | |

OPERATOR REMARKS:



OPERATOR'S SIGNATURE



SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

Equipment Operator's Pre-Shift Safety Check List

Date: 12-3-25 Note: (fill out this sheet before starting shift)

Equipment #: 1234

Equipment Type: Cat 775G

Shift: Day

Machine Hours: 9154

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | O | X |

| | | |
|---|----|--|
| Excessive oil or Hydraulic Leaks | ✓ | |
| Backup Alarm | ✓ | |
| Brakes: Foot | ✓ | |
| Brakes: Parking | ✓ | |
| Air System/Leaks/Building, holding pressure | ✓ | |
| Fire Extinguisher | ✓ | |
| Lights | ✓ | |
| Horn (Electric) | | |
| Horn (Air) | NB | |
| Windshield Wipers | ✓ | |
| Glass: Windshield | ✓ | |
| Glass: Door | ✓ | |
| Grab Rails | ✓ | |
| Steps | ✓ | |
| Safety Guards | ✓ | |
| Pin Conditions (If Applicable) | ✓ | |
| Mirrors | ✓ | |
| Heating/Air Conditioner Working | ✓ | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | ✓ | |
| Coolant Level/Leaks | ✓ | |
| Engine Oil Level/Leaks | ✓ | |
| Hydraulic Oil Level/Leaks | ✓ | |
| Transmission Oil Level/Leaks | ✓ | |
| Fuel Level | ✓ | |
| DEF Level | ✓ | |
| Water Level | ✓ | |

Operator's Remarks: _____

Operator's Signature: Rhyley Thayer Supervisor's Signature: Mobley

Mechanic's Remarks: _____

Mechanic's Signature: _____ Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-3-25

Note: (fill out this sheet before starting shift)

Equipment #: 1246

Equipment Type: 888 K

Shift: DAy

Machine Hours: 10555

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | 0 | X |

| | | |
|---|---|--|
| Excessive oil or Hydraulic Leaks | ✓ | |
| Backup Alarm | ✓ | |
| Brakes: Foot | ✓ | |
| Brakes: Parking | ✓ | |
| Air System/Leaks/Building, holding pressure | ✓ | |
| Fire Extinguisher | ✓ | |
| Lights | ✓ | |
| Horn (Electric) | ✓ | |
| Horn (Air) | | |
| Windshield Wipers | ✓ | |
| Glass: Windshield | ✓ | |
| Glass: Door | | |
| Grab Rails | ✓ | |
| Steps | ✓ | |
| Safety Guards | ✓ | |
| Pin Conditions (If Applicable) | ✓ | |
| Mirrors | ✓ | |
| Heating/Air Conditioner Working | ✓ | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | | |
| Coolant Level/Leaks | | |
| Engine Oil Level/Leaks | | |
| Hydraulic Oil Level/Leaks | | |
| Transmission Oil Level/Leaks | | |
| Fuel Level | ✓ | |
| DEF Level | ✓ | |
| Water Level | | |

Operator's Remarks:

Operator's Signature:

Supervisor's Signature:

Mechanic's Remarks:

Mechanic's Signature:

Date:

Equipment Operator's Pre-Shift Safety Check List

Date: 12-3-25

Note: (fill out this sheet before starting shift)

Equipment #: 1242

Equipment Type: 988K

Shift: Day

Machine Hours: _____

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | 0 | X |

| | | |
|---|---|--|
| Excessive oil or Hydraulic Leaks | ✓ | |
| Backup Alarm | ✓ | |
| Brakes: Foot | ✓ | |
| Brakes: Parking | ✓ | |
| Air System/Leaks/Building, holding pressure | ✓ | |
| Fire Extinguisher | ✓ | |
| Lights | ✓ | |
| Horn (Electric) | ✓ | |
| Horn (Air) | ✓ | |
| Windshield Wipers | ✓ | |
| Glass: Windshield | ✓ | |
| Glass: Door | ✓ | |
| Grab Rails | ✓ | |
| Steps | ✓ | |
| Safety Guards | ✓ | |
| Pin Conditions (If Applicable) | ✓ | |
| Mirrors | ✓ | |
| Heating/Air Conditioner Working | ✓ | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | | |
| Coolant Level/Leaks | | |
| Engine Oil Level/Leaks | | |
| Hydraulic Oil Level/Leaks | | |
| Transmission Oil Level/Leaks | | |
| Fuel Level | ✓ | |
| DEF Level | ✓ | |
| Water Level | | |

Operator's Remarks: _____

Operator's Signature: James Bennett

Supervisor's Signature: Mike B

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-3-25

Note: (fill out this sheet before starting shift)

Equipment #: 1212

Equipment Type: 980m

Shift: D175

Machine Hours: 16233

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | 0 | X |

| | |
|---|---|
| Excessive oil or Hydraulic Leaks | ✓ |
| Backup Alarm | ✓ |
| Brakes: Foot | ✓ |
| Brakes: Parking | ✓ |
| Air System/Leaks/Building, holding pressure | |
| Fire Extinguisher | ✓ |
| Lights | ✓ |
| Horn (Electric) | ✓ |
| Horn (Air) | |
| Windshield Wipers | ✓ |
| Glass: Windshield | ✓ |
| Glass: Door | ✓ |
| Grab Rails | ✓ |
| Steps | ✓ |
| Safety Guards | ✓ |
| Pin Conditions (If Applicable) | ✓ |
| Mirrors | ✓ |
| Heating/Air Conditioner Working | ✓ |
| Wheel Chocks | ✓ |
| Seat Belts | ✓ |
| Tires/Wheels | ✓ |
| Steering/Fluid Level | ✓ |
| Coolant Level/Leaks | ✓ |
| Engine Oil Level/Leaks | ✓ |
| Hydraulic Oil Level/Leaks | ✓ |
| Transmission Oil Level/Leaks | ✓ |
| Fuel Level | ✓ |
| DEF Level | ✓ |
| Water Level | |

Operator's Remarks:

Operator's Signature: Adam D. Haven

Supervisor's Signature: Mike B

Mechanic's Remarks:

Mechanic's Signature:

Date:

Equipment Operator's Pre-Shift Safety Check List

Date: 12-3-25

Note: (fill out this sheet before starting shift)

W O
Equipment #: 1083

Equipment Type: truck

Shift: day

Machine Hours: _____

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | O | X |

| | | |
|---|---|--|
| Excessive oil or Hydraulic Leaks | | |
| Backup Alarm | ✓ | |
| Brakes: Foot | ✓ | |
| Brakes: Parking | ✓ | |
| Air System/Leaks/Building, holding pressure | | |
| Fire Extinguisher | ✓ | |
| Lights | ✓ | |
| Horn (Electric) | ✓ | |
| Horn (Air) | | |
| Windshield Wipers | ✓ | |
| Glass: Windshield | ✓ | |
| Glass: Door | | |
| Grab Rails | | |
| Steps | ✓ | |
| Safety Guards | | |
| Pin Conditions (If Applicable) | | |
| Mirrors | ✓ | |
| Heating/Air Conditioner Working | ✓ | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | ✓ | |
| Coolant Level/Leaks | ✓ | |
| Engine Oil Level/Leaks | ✓ | |
| Hydraulic Oil Level/Leaks | | |
| Transmission Oil Level/Leaks | ✓ | |
| Fuel Level | ✓ | |
| DEF Level | | |
| Water Level | | |

Operator's Remarks: Oil change light on

Operator's Signature: Wyatt Arbay

Supervisor's Signature: Mike B

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-3

Note: (fill out this sheet before starting shift)

Equipment #: 975

Equipment Type: Erc

Shift: Day

Machine Hours: 32145

Codes:

| OK | Repairs Made | Repairs Required |
|---|--------------|------------------|
| ✓ | 0 | X |
| | | |
| Excessive oil or Hydraulic Leaks | / | |
| Backup Alarm | / | |
| Brakes: Foot | / | |
| Brakes: Parking | / | |
| Air System/Leaks/Building, holding pressure | / | |
| Fire Extinguisher | / | |
| Lights | / | |
| Horn (Electric) | / | |
| Horn (Air) | / | |
| Windshield Wipers | / | |
| Glass: Windshield | / | |
| Glass: Door | / | |
| Grab Rails | / | |
| Steps | / | |
| Safety Guards | / | |
| Pin Conditions (If Applicable) | / | |
| Mirrors | / | |
| Heating/Air Conditioner Working | / | |
| Wheel Chocks | / | |
| Seat Belts | / | |
| Tires/Wheels | / | |
| Steering/Fluid Level | / | |
| Coolant Level/Leaks | / | |
| Engine Oil Level/Leaks | / | |
| Hydraulic Oil Level/Leaks | / | |
| Transmission Oil Level/Leaks | / | |
| Fuel Level | / | |
| DEF Level | | |
| Water Level | | |

Operator's Remarks: _____

Operator's Signature: Auger

Supervisor's Signature: Milby

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 10-3-25

Note: (fill out this sheet before starting shift)

Equipment #: 1031

Equipment Type: Fuel truck

Shift: DAV

Machine Hours: 207092

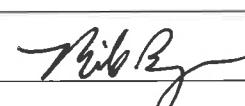
Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | 0 | X |

| | | |
|---|---|--|
| Excessive oil or Hydraulic Leaks | ✓ | |
| Backup Alarm | ✓ | |
| Brakes: Foot | ✓ | |
| Brakes: Parking | ✓ | |
| Air System/Leaks/Building, holding pressure | ✓ | |
| Fire Extinguisher | ✓ | |
| Lights | ✓ | |
| Horn (Electric) | ✓ | |
| Horn (Air) | ✓ | |
| Windshield Wipers | ✓ | |
| Glass: Windshield | ✓ | |
| Glass: Door | ✓ | |
| Grab Rails | ✓ | |
| Steps | ✓ | |
| Safety Guards | ✓ | |
| Pin Conditions (If Applicable) | ✓ | |
| Mirrors | ✓ | |
| Heating/Air Conditioner Working | ✓ | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | ✓ | |
| Coolant Level/Leaks | ✓ | |
| Engine Oil Level/Leaks | ✓ | |
| Hydraulic Oil Level/Leaks | ✓ | |
| Transmission Oil Level/Leaks | ✓ | |
| Fuel Level | ✓ | |
| DEF Level | ✓ | |
| Water Level | ✓ | |

Operator's Remarks: _____

Operator's Signature: 

Supervisor's Signature: 

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-3-25

Note: (fill out this sheet before starting shift)

Equipment #: 607

Equipment Type: 773B

Shift: DAY

Machine Hours: 42345

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | 0 | X |

| | | |
|---|---|--|
| Excessive oil or Hydraulic Leaks | / | |
| Backup Alarm | / | |
| Brakes: Foot | / | |
| Brakes: Parking | / | |
| Air System/Leaks/Building, holding pressure | / | |
| Fire Extinguisher | / | |
| Lights | / | |
| Horn (Electric) | / | |
| Horn (Air) | / | |
| Windshield Wipers | / | |
| Glass: Windshield | / | |
| Glass: Door | / | |
| Grab Rails | / | |
| Steps | / | |
| Safety Guards | / | |
| Pin Conditions (If Applicable) | / | |
| Mirrors | / | |
| Heating/Air Conditioner Working | / | |
| Wheel Chocks | / | |
| Seat Belts | / | |
| Tires/Wheels | / | |
| Steering/Fluid Level | / | |
| Coolant Level/Leaks | / | |
| Engine Oil Level/Leaks | / | |
| Hydraulic Oil Level/Leaks | / | |
| Transmission Oil Level/Leaks | / | |
| Fuel Level | / | |
| DEF Level | / | |
| Water Level | / | |

Operator's Remarks: _____

Operator's Signature: J/R

Supervisor's Signature: Mark B

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-3-25

Note: (fill out this sheet before starting shift)

Equipment #: 1290

Equipment Type: 988K Loader

Shift: Day

Machine Hours: 1744

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | 0 | X |

| | | |
|---|----|--|
| Excessive oil or Hydraulic Leaks | ✓ | |
| Backup Alarm | ✓ | |
| Brakes: Foot | ✓ | |
| Brakes: Parking | ✓ | |
| Air System/Leaks/Building, holding pressure | | |
| Fire Extinguisher | ✓ | |
| Lights | ✓ | |
| Horn (Electric) | ✓ | |
| Horn (Air) | NA | |
| Windshield Wipers | ✓ | |
| Glass: Windshield | ✓ | |
| Glass: Door | ✓ | |
| Grab Rails | ✓ | |
| Steps | ✓ | |
| Safety Guards | ✓ | |
| Pin Conditions (If Applicable) | ✓ | |
| Mirrors | ✓ | |
| Heating/Air Conditioner Working | ✓ | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | ✓ | |
| Coolant Level/Leaks | ✓ | |
| Engine Oil Level/Leaks | ✓ | |
| Hydraulic Oil Level/Leaks | ✓ | |
| Transmission Oil Level/Leaks | ✓ | |
| Fuel Level | ✓ | |
| DEF Level | ✓ | |
| Water Level | | |

Operator's Remarks: _____

Operator's Signature: Jeremy Hoffman

Supervisor's Signature: Tibby

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-3-25

Note: (fill out this sheet before starting shift)

Equipment #: 1096

Equipment Type: bucke~~t~~ truck

Shift: day

Machine Hours: 9397.7

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | 0 | X |

| | | |
|---|-----|--|
| Excessive oil or Hydraulic Leaks | ✓ | |
| Backup Alarm | ✓ | |
| Brakes: Foot | ✓ | |
| Brakes: Parking | ✓ | |
| Air System/Leaks/Building, holding pressure | n/a | |
| Fire Extinguisher | ✓ | |
| Lights | ✓ | |
| Horn (Electric) | ✓ | |
| Horn (Air) | n/a | |
| Windshield Wipers | ✓ | |
| Glass: Windshield | ✓ | |
| Glass: Door | ✓ | |
| Grab Rails | ✓ | |
| Steps | ✓ | |
| Safety Guards | ✓ | |
| Pin Conditions (If Applicable) | n/a | |
| Mirrors | ✓ | |
| Heating/Air Conditioner Working | ✓ | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | ✓ | |
| Coolant Level/Leaks | ✓ | |
| Engine Oil Level/Leaks | ✓ | |
| Hydraulic Oil Level/Leaks | ✓ | |
| Transmission Oil Level/Leaks | ✓ | |
| Fuel Level | ✓ | |
| DEF Level | n/a | |
| Water Level | n/a | |

Operator's Remarks: _____

Operator's Signature: Lyle Caw

Supervisor's Signature: Mib G

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-3-25

Note: (fill out this sheet before starting shift)

Equipment #: 1227

Equipment Type: Zo10 Freight liner

Shift: Day

Machine Hours: 231565

Codes:

| OK | Repairs Made | Repairs Required |
|---|--------------|------------------|
| ✓ | O | X |
| Excessive oil or Hydraulic Leaks | / | |
| Backup Alarm | / | |
| Brakes: Foot | / | |
| Brakes: Parking | / | |
| Air System/Leaks/Building, holding pressure | / | |
| Fire Extinguisher | / | |
| Lights | / | |
| Horn (Electric) | / | |
| Horn (Air) | / | |
| Windshield Wipers | / | |
| Glass: Windshield | / | |
| Glass: Door | / | |
| Grab Rails | | |
| Steps | / | |
| Safety Guards | / | |
| Pin Conditions (If Applicable) | / | |
| Mirrors | / | |
| Heating/Air Conditioner Working | / | |
| Wheel Chocks | / | |
| Seat Belts | / | |
| Tires/Wheels | / | |
| Steering/Fluid Level | / | |
| Coolant Level/Leaks | / | |
| Engine Oil Level/Leaks | / | |
| Hydraulic Oil Level/Leaks | / | |
| Transmission Oil Level/Leaks | / | |
| Fuel Level | / | |
| DEF Level | N/A | |
| Water Level | No oil | |

Operator's Remarks: _____

Operator's Signature: WYB

Supervisor's Signature: M.E.

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____