

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill this out prior to the start of the shift)

LOCATION: Surface DATE: 11-18-25
 EQUIPMENT TYPE AND NUMBER: 980m 1294
 STARTING HOURS: 11617 OK REPAIRS MADE REPAIRS REQUIRED
 SHIFT NO. 1 CODES: ☒ ☐ ☒

*IF YOU HAVE ANY QUESTIONS OR DOUBT IF EQUIPMENT IS OPERABLE SPEAK WITH A MECHANIC OR SUPERVISOR IMMEDIATELY

SAFETY CHECKS

OPERATIONAL CHECKS

<input checked="" type="checkbox"/> Lights: Head lights, tail lights, brake lights	<input checked="" type="checkbox"/> Lights: Parking lights, running lights
<input checked="" type="checkbox"/> Warning decals, lights or alarms	<input checked="" type="checkbox"/> Gauges and Instruments
<input checked="" type="checkbox"/> Steering	<input checked="" type="checkbox"/> Engine Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Service Brakes	<input checked="" type="checkbox"/> Hydraulic Oil: Fluid level, <u>leaks</u>
<input checked="" type="checkbox"/> Parking Brakes	<input checked="" type="checkbox"/> Radiator: fluid level, leaks
<input checked="" type="checkbox"/> Horn	Battery: Low fluid, loose connections
<input checked="" type="checkbox"/> Back-up Alarm	<input checked="" type="checkbox"/> Fuel: Level, leaks, filters
<input checked="" type="checkbox"/> Seatbelt	<input checked="" type="checkbox"/> Tires/wheels: Pressure, wear, damage
<input checked="" type="checkbox"/> Air System: Building and holding pressure	<input checked="" type="checkbox"/> Engine: Run rough, leaks, unusual noises
<input checked="" type="checkbox"/> Fire Extinguisher: charged, retainer pin, tag	<input checked="" type="checkbox"/> Hydraulic system working
<input checked="" type="checkbox"/> Mirrors: broken	<input checked="" type="checkbox"/> Mirrors: cracked
<input checked="" type="checkbox"/> Windshield: broken	<input checked="" type="checkbox"/> Windshield: cracked
<input checked="" type="checkbox"/> Windows: broken	<input checked="" type="checkbox"/> Windows: cracked
<input checked="" type="checkbox"/> Steps or ladders	Tracks: pads/sprockets
<input checked="" type="checkbox"/> Handrails/Grab-rails	Other:
<input checked="" type="checkbox"/> Safety guards/mud flaps	
<input checked="" type="checkbox"/> Windshield Wipers	
Emergency Functions	
Other:	

OPERATOR REMARKS:

Grease hose, 1st cylinder, right front windshield
tires, rear cab light

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

MECHANIC REMARKS:

MECHANIC SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill this out prior to the start of the shift)

LOCATION: Greer DATE: 11-18-25
 EQUIPMENT TYPE AND NUMBER: 980M1300
 STARTING HOURS: 8390 OK ☒ REPAIRS MADE ☐ REPAIRS REQUIRED ☒
 SHIFT NO. _____ CODES: ☒ ☐ ☒

*IF YOU HAVE ANY QUESTIONS OR DOUBT IF EQUIPMENT IS OPERABLE SPEAK WITH A MECHANIC OR SUPERVISOR IMMEDIATELY

SAFETY CHECKS	OPERATIONAL CHECKS
<input checked="" type="checkbox"/> Lights: Head lights, tail lights, brake lights	<input checked="" type="checkbox"/> Lights: Parking lights, running lights
<input checked="" type="checkbox"/> Warning decals, lights or alarms	<input checked="" type="checkbox"/> Gauges and Instruments
<input checked="" type="checkbox"/> Steering	<input checked="" type="checkbox"/> Engine Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Service Brakes	<input checked="" type="checkbox"/> Hydraulic Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Parking Brakes	<input checked="" type="checkbox"/> Radiator: fluid level, leaks
<input checked="" type="checkbox"/> Horn	<input checked="" type="checkbox"/> Battery: Low fluid, loose connections
<input checked="" type="checkbox"/> Back-up Alarm	<input checked="" type="checkbox"/> Fuel: Level, leaks, filters
<input checked="" type="checkbox"/> Seatbelt	<input checked="" type="checkbox"/> Tires/wheels: Pressure, wear, damage
<input checked="" type="checkbox"/> Air System: Building and holding pressure	<input checked="" type="checkbox"/> Engine: Run rough, leaks, unusual noises
<input checked="" type="checkbox"/> Fire Extinguisher: charged, retainer pin, tag	<input checked="" type="checkbox"/> Hydraulic system working
<input checked="" type="checkbox"/> Mirrors: broken	<input checked="" type="checkbox"/> Mirrors: cracked
<input checked="" type="checkbox"/> Windshield: broken	<input checked="" type="checkbox"/> Windshield: cracked
<input checked="" type="checkbox"/> Windows: broken	<input checked="" type="checkbox"/> Windows: cracked
<input checked="" type="checkbox"/> Steps or ladders	Tracks: pads/sprockets
<input checked="" type="checkbox"/> Handrails/Grab-rails	Other:
<input checked="" type="checkbox"/> Safety guards/mud flaps	
<input checked="" type="checkbox"/> Windshield Wipers	
<input checked="" type="checkbox"/> Emergency Functions	
Other:	

OPERATOR REMARKS:

[Signature]
 OPERATOR'S SIGNATURE

 SUPERVISOR'S SIGNATURE

MECHANIC REMARKS:

 MECHANIC SIGNATURE

 DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill this out prior to the start of the shift)

LOCATION: _____
EQUIPMENT TYPE AND NUMBER: 1220
STARTING HOURS: 19433
SHIFT NO. _____

DATE: 11/18/25

OK

REPAIRS MADE

REPAIRS REQUIRED



CODES:

*IF YOU HAVE ANY QUESTIONS OR DOUBT IF EQUIPMENT IS OPERABLE SPEAK WITH A MECHANIC OR SUPERVISOR IMMEDIATELY

SAFETY CHECKS

OPERATIONAL CHECKS

<input checked="" type="checkbox"/> Lights: Head lights, tail lights, brake lights	<input checked="" type="checkbox"/> Lights: Parking lights, running lights
<input checked="" type="checkbox"/> Warning decals, lights or alarms	<input checked="" type="checkbox"/> Gauges and Instruments
<input checked="" type="checkbox"/> Steering	<input checked="" type="checkbox"/> Engine Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Service Brakes	<input checked="" type="checkbox"/> Hydraulic Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Parking Brakes	<input checked="" type="checkbox"/> Radiator: fluid level, leaks
<input checked="" type="checkbox"/> Horn	<input checked="" type="checkbox"/> Battery: Low fluid, loose connections
<input checked="" type="checkbox"/> Back-up Alarm	<input checked="" type="checkbox"/> Fuel: Level, leaks, filters
<input checked="" type="checkbox"/> Seatbelt	<input checked="" type="checkbox"/> Tires/wheels: Pressure, wear, damage
<input checked="" type="checkbox"/> Air System: Building and holding pressure	<input checked="" type="checkbox"/> Engine: Run rough, leaks, unusual noises
<input checked="" type="checkbox"/> Fire Extinguisher: charged, retainer pin, tag	<input checked="" type="checkbox"/> Hydraulic system working
<input checked="" type="checkbox"/> Mirrors: broken	<input checked="" type="checkbox"/> Mirrors: cracked
<input checked="" type="checkbox"/> Windshield: broken	<input checked="" type="checkbox"/> Windshield: cracked
<input checked="" type="checkbox"/> Windows: broken	<input checked="" type="checkbox"/> Windows: cracked
<input checked="" type="checkbox"/> Steps or ladders	<input checked="" type="checkbox"/> Tracks: pads/sprockets
<input checked="" type="checkbox"/> Handrails/Grab-rails	Other:
<input checked="" type="checkbox"/> Safety guards/mud flaps	
<input checked="" type="checkbox"/> Windshield Wipers	
<input checked="" type="checkbox"/> Emergency Functions	
Other:	

OPERATOR REMARKS:

L Rear Step Broken / windshield cracked

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

MECHANIC REMARKS:

MECHANIC SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill this out prior to the start of the shift)

LOCATION: _____
EQUIPMENT TYPE AND NUMBER: 1079
STARTING HOURS: 35917
SHIFT NO. _____

DATE: 11-18-25

OK REPAIRS MADE REPAIRS REQUIRED
☒ ☐ ☐

CODES:

*IF YOU HAVE ANY QUESTIONS OR DOUBT IF EQUIPMENT IS OPERABLE SPEAK WITH A MECHANIC OR SUPERVISOR IMMEDIATELY

SAFETY CHECKS

OPERATIONAL CHECKS

<input checked="" type="checkbox"/> Lights: Head lights, tail lights, brake lights	<input checked="" type="checkbox"/> Lights: Parking lights, running lights
<input checked="" type="checkbox"/> Warning decals, lights or alarms	<input checked="" type="checkbox"/> Gauges and Instruments
<input checked="" type="checkbox"/> Steering	<input checked="" type="checkbox"/> Engine Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Service Brakes	<input checked="" type="checkbox"/> Hydraulic Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Parking Brakes	<input checked="" type="checkbox"/> Radiator: fluid level, leaks
<input checked="" type="checkbox"/> Horn	<input checked="" type="checkbox"/> Battery: Low fluid, loose connections
<input checked="" type="checkbox"/> Back-up Alarm	<input checked="" type="checkbox"/> Fuel: Level, leaks, filters
<input checked="" type="checkbox"/> Seatbelt	<input checked="" type="checkbox"/> Tires/wheels: Pressure, wear, damage
<input checked="" type="checkbox"/> Air System: Building and holding pressure	<input checked="" type="checkbox"/> Engine: Run rough, leaks, unusual noises
<input checked="" type="checkbox"/> Fire Extinguisher: charged, retainer pin, tag	<input checked="" type="checkbox"/> Hydraulic system working
<input checked="" type="checkbox"/> Mirrors: broken	<input checked="" type="checkbox"/> Mirrors: cracked
<input checked="" type="checkbox"/> Windshield: broken	<input checked="" type="checkbox"/> Windshield: cracked
<input checked="" type="checkbox"/> Windows: broken	<input checked="" type="checkbox"/> Windows: cracked
<input checked="" type="checkbox"/> Steps or ladders	<input checked="" type="checkbox"/> Tracks: pads/sprockets
<input checked="" type="checkbox"/> Handrails/Grab-rails	<input checked="" type="checkbox"/> Other:
<input checked="" type="checkbox"/> Safety guards/mud flaps	
<input checked="" type="checkbox"/> Windshield Wipers	
<input checked="" type="checkbox"/> Emergency Functions	
<input checked="" type="checkbox"/> Other:	

OPERATOR REMARKS:

Retainer pin, Light out

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

MECHANIC REMARKS:

MECHANIC SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill this out prior to the start of the shift)

LOCATION: Green DATE: 11/18/25
EQUIPMENT TYPE AND NUMBER: 982 M 1184
STARTING HOURS: 18671 OK REPAIRS MADE REPAIRS REQUIRED
SHIFT NO. 1 CODES: ☒ ☐ ☐

*IF YOU HAVE ANY QUESTIONS OR DOUBT IF EQUIPMENT IS OPERABLE SPEAK WITH A MECHANIC OR SUPERVISOR IMMEDIATELY

SAFETY CHECKS

OPERATIONAL CHECKS

<input checked="" type="checkbox"/> Lights: Head lights, tail lights, brake lights	<input checked="" type="checkbox"/> Lights: Parking lights, running lights
<input checked="" type="checkbox"/> Warning decals, lights or alarms	<input checked="" type="checkbox"/> Gauges and Instruments
<input checked="" type="checkbox"/> Steering	<input checked="" type="checkbox"/> Engine Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Service Brakes	<input checked="" type="checkbox"/> Hydraulic Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Parking Brakes	<input checked="" type="checkbox"/> Radiator: fluid level, leaks
<input checked="" type="checkbox"/> Horn	<input checked="" type="checkbox"/> Battery: Low fluid, loose connections
<input checked="" type="checkbox"/> Back-up Alarm	<input checked="" type="checkbox"/> Fuel: Level, leaks, filters
<input checked="" type="checkbox"/> Seatbelt	<input checked="" type="checkbox"/> Tires/wheels: Pressure, wear, damage
<input checked="" type="checkbox"/> Air System: Building and holding pressure	<input checked="" type="checkbox"/> Engine: Run rough, leaks, unusual noises
<input checked="" type="checkbox"/> Fire Extinguisher: charged, retainer pin, tag	<input checked="" type="checkbox"/> Hydraulic system working
<input checked="" type="checkbox"/> Mirrors: broken	<input checked="" type="checkbox"/> Mirrors: cracked
<input checked="" type="checkbox"/> Windshield: broken	<input checked="" type="checkbox"/> Windshield: cracked
<input checked="" type="checkbox"/> Windows: broken	<input checked="" type="checkbox"/> Windows: cracked
<input checked="" type="checkbox"/> Steps or ladders	Tracks: pads/sprockets
<input checked="" type="checkbox"/> Handrails/Grab-rails	Other:
<input checked="" type="checkbox"/> Safety guards/mud flaps	
<input checked="" type="checkbox"/> Windshield Wipers	
<input checked="" type="checkbox"/> Emergency Functions	
<input type="checkbox"/> Other:	

OPERATOR REMARKS:

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

MECHANIC REMARKS:

MECHANIC SIGNATURE

DATE