

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

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

LOCATION: Greer

EQUIPMENT TYPE AND NUMBER: 807

STARTING HOURS: Day

SHIFT NO. _____

DATE: 11-17-25

OK ☒ REPAIRS MADE ☐ REPAIRS REQUIRED ☒

CODES:

☒

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*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:
Power steering small leak, Passenger side mudflap missing,

OPERATOR'S SIGNATURE _____

MECHANIC REMARKS:

SUPERVISOR'S SIGNATURE _____

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

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

LOCATION: Green
 EQUIPMENT TYPE AND NUMBER: 726
 STARTING HOURS: _____
 SHIFT NO. Day CODES: _____

DATE: 11-17-25
 OK ☒ REPAIRS MADE ☐ REPAIRS REQUIRED ☒

*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:

Coolant Leaks Monitor Seal Leaks
Washer fluid sprayers cannot work

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: 11/17/25

EQUIPMENT TYPE AND NUMBER: GMC #1059

STARTING HOURS: 243,649 miles

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	<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:

Nick Smith

OPERATOR'S SIGNATURE

MECHANIC REMARKS:

Carl C

SUPERVISOR'S SIGNATURE

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: 11-17-25

EQUIPMENT TYPE AND NUMBER: 1144

STARTING HOURS: _____

SHIFT NO. Day

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	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:

Rear wiper broke

Front wiper needs replaced

Rebel Taylor

OPERATOR'S SIGNATURE

Walt C

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: 11/17/25
 EQUIPMENT TYPE AND NUMBER: 940
 STARTING HOURS: _____ OK REPAIRS MADE REPAIRS REQUIRED
 SHIFT NO. Day 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:

Bubey H OPERATOR'S SIGNATURE CCC 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: 11-17-25
EQUIPMENT TYPE AND NUMBER: 970 Water Truck
STARTING HOURS: 9601 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	
Other:	

OPERATOR REMARKS:

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: grove DATE: 11/17/25
 EQUIPMENT TYPE AND NUMBER: 1283
 STARTING HOURS: 2621 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 type="checkbox"/> Warning decals, lights or alarms	<input checked="" type="checkbox"/> Gauges and Instruments
<input type="checkbox"/> Steering	Engine Oil: Fluid level, leaks
<input type="checkbox"/> Service Brakes	Hydraulic Oil: Fluid level, leaks
<input type="checkbox"/> Parking Brakes	Radiator: fluid level, leaks
<input checked="" type="checkbox"/> Horn	Battery: Low fluid, loose connections
<input checked="" type="checkbox"/> Back-up Alarm	Fuel: Level, leaks, filters
<input checked="" type="checkbox"/> Seatbelt	Tires/wheels: Pressure, wear, damage
<input type="checkbox"/> Air System: Building and holding pressure	Engine: Run rough, leaks, unusual noises
<input checked="" type="checkbox"/> Fire Extinguisher: charged, retainer pin, tag	<input checked="" type="checkbox"/> Hydraulic system working
<input type="checkbox"/> Mirrors: broken	Mirrors: cracked
<input type="checkbox"/> Windshield: broken	Windshield: cracked
<input type="checkbox"/> Windows: broken	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 type="checkbox"/> Safety guards/mud flaps	
<input checked="" type="checkbox"/> Windshield Wipers	
<input checked="" type="checkbox"/> Emergency Functions	
<input type="checkbox"/> Other:	

OPERATOR REMARKS:

grease fitting broke

 
 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: _____

DATE: 11-17-25

EQUIPMENT TYPE AND NUMBER: 1228

STARTING HOURS: 8974

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 type="checkbox"/> Steering	<input checked="" type="checkbox"/> Engine Oil: Fluid level, leaks
<input type="checkbox"/> Service Brakes	<input checked="" type="checkbox"/> Hydraulic Oil: Fluid level, leaks
<input type="checkbox"/> Parking Brakes	<input checked="" type="checkbox"/> Radiator: fluid level, leaks
<input checked="" type="checkbox"/> Horn	<input 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 type="checkbox"/> Tires/wheels: Pressure, wear, damage
<input 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 type="checkbox"/> Tracks: pads/sprockets
<input checked="" type="checkbox"/> Handrails/Grab-rails	<input type="checkbox"/> 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

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

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

LOCATION: Greer DATE: 11/17
 EQUIPMENT TYPE AND NUMBER: 290
 STARTING HOURS: 62930 OK ☒ REPAIRS MADE ☐ REPAIRS REQUIRED ☐
 SHIFT NO. 1 CODES: ☒ ☐ ☐

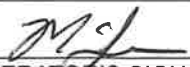
*IF YOU HAVE ANY QUESTIONS OR DOUBT IF EQUIPMENT IS OPERABLE SPEAK WITH A MECHANIC OR SUPERVISOR IMMEDIATELY


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	<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:


 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: 11/17

EQUIPMENT TYPE AND NUMBER: 1023

STARTING HOURS: _____

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

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

OPERATOR REMARKS:

Garrett Miller
OPERATOR'S SIGNATURE

W.C.
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: Crew
EQUIPMENT TYPE AND NUMBER: 1055
STARTING HOURS: _____
SHIFT NO. Day CODES:

OK REPAIRS MADE: REPAIRS REQUIRED
☒ ☐ ☐ ☒

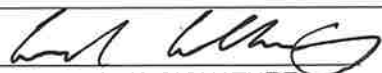
*IF YOU HAVE ANY QUESTIONS OR DOUBT IF EQUIPMENT IS OPERABLE SPEAK WITH A MECHANIC OR SUPERVISOR IMMEDIATELY

SAFETY CHECKS

OPERATIONAL CHECKS

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

OPERATOR REMARKS:



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: Crocker
 EQUIPMENT TYPE AND NUMBER: 1295
 STARTING HOURS: _____
 SHIFT NO. Day CODES:

DATE: 11/17/25

OK REPAIRS MADE REPAIRS REQUIRED
☒ ☐ ☒

*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	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
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	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
Steps or ladders	Tracks: pads/sprockets
Handrails/Grab-rails	Other:
<input checked="" type="checkbox"/> Safety guards/mud flaps	
<input checked="" type="checkbox"/> Windshield Wipers	
Emergency Functions	
Other:	

OPERATOR REMARKS:

A arm bushings wore out

[Signature]
 OPERATOR'S SIGNATURE

[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: 11/17/25

EQUIPMENT TYPE AND NUMBER: _____

STARTING HOURS: 596310

OK

REPAIRS MADE

REPAIRS REQUIRED

SHIFT NO. Day

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:

hence on back up light Broke
wind shield wiper on right side not working
Wesley Sumner

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: 11-17-25
 EQUIPMENT TYPE AND NUMBER: 7756 Newtk
 STARTING HOURS: 6780 OK REPAIRS MADE REPAIRS REQUIRED
 SHIFT NO. Day 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:

[Signature] OPERATOR'S SIGNATURE
[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: 11/17/25

EQUIPMENT TYPE AND NUMBER: 931

STARTING HOURS: 43640.6

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	<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:

Horn not working all the time. Front right ride
side cylinder is bad. The truck need Greased.

OPERATOR'S SIGNATURE _____

[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: 11/17/25

EQUIPMENT TYPE AND NUMBER: 1014

STARTING HOURS: 27763.7

OK

REPAIRS MADE

REPAIRS REQUIRED

SHIFT NO. Day

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:

Wesley Summer

OPERATOR'S SIGNATURE

[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: Grocco DATE: 11/17/25
EQUIPMENT TYPE AND NUMBER: 7256/1101
STARTING HOURS: 20245 OK REPAIRS MADE REPAIRS REQUIRED
SHIFT NO. Day 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 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:

Brake light sticking on, Step on Pedals Fixed

OPERATOR'S SIGNATURE

[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 Limestone
EQUIPMENT TYPE AND NUMBER: 1266
STARTING HOURS: 5065.5
SHIFT NO. Day

DATE: 11-17-25

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	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:



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: 11-17-25
 EQUIPMENT TYPE AND NUMBER: 930
 STARTING HOURS: 47.542 OK REPAIRS MADE REPAIRS REQUIRED
 SHIFT NO. Day 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 <u>N/A</u>
<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"/>
<input checked="" type="checkbox"/> Emergency Functions	<input checked="" type="checkbox"/> Backup Camera
Other:	<input checked="" type="checkbox"/> Chainholes

OPERATOR REMARKS:

S. Goodwin
 OPERATOR'S SIGNATURE
 MECHANIC REMARKS:

[Signature]
 SUPERVISOR'S SIGNATURE

MECHANIC SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

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

LOCATION: Shen DATE: 11/17/15
 EQUIPMENT TYPE AND NUMBER: 1100
 STARTING HOURS: 30489 OK REPAIRS MADE REPAIRS REQUIRED
 SHIFT NO. Day 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	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	Tires/wheels: Pressure, <u>wear, damage</u>
<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 <u>Bent</u>	Other:
<input checked="" type="checkbox"/> Safety guards/mud flaps	
<input checked="" type="checkbox"/> Windshield Wipers	
<input checked="" type="checkbox"/> Emergency Functions	
Other:	

OPERATOR REMARKS:
Front tire in rough shape

Ken Scarpis Carl C
 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: Mine

DATE: 11-17-25

EQUIPMENT TYPE AND NUMBER: 179

STARTING HOURS: 41, 549

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	<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:

Right front step Beat in against Bumper

TJ BERRY

OPERATOR'S SIGNATURE

[Signature]

SUPERVISOR'S SIGNATURE

MECHANIC REMARKS:

MECHANIC SIGNATURE

DATE