

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Equipment # 1106

Date 12-8-25

Equipment Type Toyota

Shift Day

Machine Hours 11523

	OK	Repairs Made	Repairs Required
Codes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

OPERATOR REMARKS:

EVA
OPERATOR'S SIGNATURE

EVA
SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE