

Mechanic's Signature:

Date:

Mechanic's Remarks:

Supervisor's Signature:

Operator's Signature:

Operator's Remarks:

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

OK	Repairs Made	Repairs Required
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Codes:

Machine Hours: 39215

Shift: M/F/H

Equipment Type: 580 XL

Equipment #: 945

Note: (fill out this sheet before starting shift)

Equipment Operator's Pre-Shift Safety Check List

Date: 11-26-25

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Supervisor's Signature: Tom WierOperator's Signature: Tom Wier

Operator's Remarks: _____

Operator's Remarks: Change oil right on

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

X	0	OK	Repairs Made	Repairs Required
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Codes: _____

Machine Hours: 112535Shift: NightEquipment Type: E-250Equipment #: 1165

Note: (fill out this sheet before starting shift)

Date: 11-26-15

Equipment Operator's Pre-Shift Safety Check List

Mechanic's Signature:

Date:

John Reel

Supervisor's Signature:

John Reel

Operator's Signature:

Mechanic's Remarks:

Operator's Remarks:

Excessive oil or Hydraulic Leaks	OK	Repairs Made	Repairs Required
Brakes: Foot	X		
Brakes: Parking			
Air System/Leaks/Building, holding pressure			
Fire Extinguisher			
Lights			
Horn (Air)			
Glasses: Windshield			
Glasses: Door			
Grab Rails			
Steps			
Safety Guards			
Mirrors			
Heating/Air Conditioner Working			
Steering/Fuid Level			
Coolant Level/Leaks			
Engine Oil Level/Leaks			
Hydraulic Oil Level/Leaks			
Transmission Oil Level/Leaks			
Fuel Level			
DEF Level			
Water Level			

Codes:

945	Equipment #:	980A - Loader	Equipment Type:	Shift: Night and	Machine Hours: 39242.1	Excessive oil or Hydraulic Leaks	Brakes: Foot	Brakes: Parking	Air System/Leaks/Building, holding pressure	Fire Extinguisher	Lights	Horn (Air)	Glasses: Windshield	Glasses: Door	Grab Rails	Steps	Safety Guards	Mirrors	Heating/Air Conditioner Working	Steering/Fuid Level	Coolant Level/Leaks	Engine Oil Level/Leaks	Hydraulic Oil Level/Leaks	Transmission Oil Level/Leaks	Fuel Level	DEF Level	Water Level
-----	--------------	---------------	-----------------	------------------	------------------------	----------------------------------	--------------	-----------------	---	-------------------	--------	------------	---------------------	---------------	------------	-------	---------------	---------	---------------------------------	---------------------	---------------------	------------------------	---------------------------	------------------------------	------------	-----------	-------------

Note: (fill out this sheet before starting shift)

Date: 11-28-25

Equipment Operator's Pre-Shift Safety Check List

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Operator's Signature: _____

Fuel

Fuel Return

Supervisor's Signature: _____

John Rec

Operator's Remarks: *the no good.*

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

OK	Repairs Made	Repairs Required
X	0	

Codes: _____

Machine Hours: *38473*Shift: *Night and*Equipment Type: *769C Haul Truck*Equipment #: *34A*

Note: (fill out this sheet before starting shift)

Date: *11-28-25*

Equipment Operator's Pre-Shift Safety Check List

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

*John Lohr*Supervisor's Signature: *John Lohr**John Lohr*Operator's Signature: *John Lohr*Operator's Remarks: *ALL DOOR HANDLE WORK, AUTO LEVEL BUCKETS AND HOOP*

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

X	OK	Repairs Made	O
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Codes: _____

Machine Hours: *390238*Shift: *Day*Equipment Type: *980 H*Equipment #: *946*

Note: (fill out this sheet before starting shift)

Date: *11/27/25*

Equipment Operator's Pre-Shift Safety Check List

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Supervisor's Signature: Tom 14Operator's Signature: Tom 14

Operator's Remarks: Changes oil right on

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

OK	Repairs Made	Repairs Required
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Codes: _____

Machine Hours: 112 563Shift: AM/PMEquipment Type: F250Equipment #: 1165

Note: (fill out this sheet before starting shift)

Date: 11-27-25

Equipment Operator's Pre-Shift Safety Check List

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Operator's Signature: _____

Operator's Remarks: _____

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

OK	Repairs Made	Repairs Required
X	O	✓

Codes: _____

Machine Hours: 32472

Shift: AM/PM

Equipment Type: 765 HCU

Equipment #: 342

Note: (fill out this sheet before starting shift)

Date: 11-27-25

Equipment Operator's Pre-Shift Safety Checklist

Mechanic's Signature:

Date:

Mechanic's Remarks:

Elle Edge

Supervisor's Signature:

Dawn Edge

Operator's Signature:

Operator's Remarks: Needs oil change

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

Codes:

OK	Repairs Made	Repairs Required
/	0	X

Machine Hours: 112571

Shift: 6AM - 6PM

Equipment Type: F-250

Equipment #: 1165

Note: Fill out this sheet before starting shift

Date: 11-28-25

Equipment Operator's Pre-Shift Safety Check List

Date:

Mechanic's Signature:

Mechanic's Remarks:

Supervisor's Signature: *[Signature]*Operator's Signature: *[Signature]*Operator's Remarks: *Wheels held in place*

Excessive oil or Hydraulic Leaks	OK	Repairs Made	Repairs Required
Brakes: Foot	X		
Brakes: Parking			
Air System/Leaks/Building, holding pressure			
Fire Extinguisher			
Lights			
Horn (Air)			
Glass: Windshield			
Glass: Door			
Grab Rails			
Steps			
Safety Guards			
Mirrors			
Heating/Air Conditioner Working			
Wheel Chocks			
Tires/Wheels			
Steering/Fluid Level			
Coolant Level/Leaks			
Hydraulic Oil Level/Leaks			
Transmission Oil Level/Leaks			
Fuel Level			
DEF Level			
Water Level			

OK	Repairs Made	Repairs Required
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Codes:

Machine Hours: *39255.1*Shift: *AM 10A - 4P*Equipment Type: *960H*Equipment #: *945*

Note: (fill out this sheet before starting shift)

Date: *11-29-25*

Equipment Operator's Pre-Shift Safety Check List

Mechanic's Signature:

Date:

Mechanic's Remarks:

Supervisor's Signature:

Operator's Signature:

Operator's Signature:

Operator's Remarks:

NO POWER

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

X	OK	Repairs Made	Repairs Required
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Codes:

Machine Hours: 324178

Shift: DAH

Equipment Type: J69HDV

Equipment #: 342

Note: (fill out this sheet before starting shift)

Equipment Operator's Pre-Shift Safety Check List

Date: 11-30-15

MECHANIC'S SIGNATURE

DATE

MECHANICS REMARKS:

SUPERVISOR'S SIGNATURE

OPERATOR'S SIGNATURE

Daryl Beston

OPERATOR REMARKS:

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

Codes:



OK

O

X

11501

Machine Hours

Shift Day

Equipment Type Toyota

Date 11-26-26

Note: (fill out this sheet before starting shift)

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

DATE _____

MECHANIC'S SIGNATURE _____

SUPERVISOR'S SIGNATURE _____

OPERATOR'S SIGNATURE _____

MECHANICS REMARKS:

OPERATOR REMARKS:

N/A	Water Level
N/A	DEF Level
N/A	Fuel Level
N/A	Transmission Oil Level/Leaks
N/A	Hydraulic Oil Level/Leaks
N/A	Engines Oil Level/Leaks
N/A	Coolant Level/Leaks
N/A	Steering Fluid Level
N/A	Tires/Wheels
N/A	Seat Belts
N/A	Wheel Chocks
N/A	Heating/Air Conditioner Working
N/A	Mirrors
N/A	Safety Guards
N/A	Steps
N/A	Grip Rails
N/A	Glass:Door
N/A	Glass:Windshield
N/A	Windshield Wipers
N/A	Horn(Air)
N/A	Lights
N/A	Fire Extinguisher
N/A	Air System/Leaks/Building holding pressure
N/A	Brakes:Parking
N/A	Brakes:Foot
N/A	Backup Alarm
N/A	Excessive oil or hydraulic Leaks

OK	Repairs Made	Repairs Required
	0	X

Codes: _____

Machine Hours 11499

Equipment Type Toyota

Date 11-25-25

Note: (fill out this sheet before starting shift)

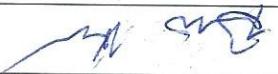
MACHINIST OPERATOR'S PRE-SHIFT SAFETY CHECK LIST



Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Supervisor's Signature: Operator's Signature: Operator's Remarks: **No AL**

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

Codes: _____

OK	Repairs Made	Repairs Required	X
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Machine Hours: **39209**Shift: **N/MSA+**Equipment Type: **980 H**Equipment #: **445**

Note: (fill our this sheet before starting shift)

Date: **11-25-25**

Equipment Operator's Pre-Shift Safety Check List

Mechanic's Signature:

Date:

Mechanic's Remarks:

Supervisor's Signature:

Operator's Signature:

Operator's Remarks:

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

OK	Repairs Made	Repairs Required
X	0	✓

Codes:

Machine Hours: 32466

Shift: AM/PM

Equipment Type: 769 Haul

Equipment #: 3612

Note: (fill out this sheet before starting shift) Date: 11-25-25

Equipment Operator's Pre-Shift Safety Check List

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Operator's Signature: BobSupervisor's Signature: Tom

Operator's Remarks: Changes oil 1/5hr on

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

X	OK	Repairs Made	Repairs Required
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Codes: _____

Machine Hours: 1125Shift: 1/5hrEquipment Type: E-250Equipment #: 1165

Note: (fill out this sheet before starting shift)

Equipment Operator's Pre-Shift Safety Check List

Date: 11-25-25

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Supervisor's Signature: _____

Operator's Signature:

Operator's Remarks: AC low P, Floor handle worn, Auto level bucket not

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

OK	Repairs Made	Repairs Required
	O	X

Codes: _____

Machine Hours: 39215

Shift: Day

Equipment Type: 980 H

Equipment #: 945

Note: (fill out this sheet before starting shift)

Date: 11/26/25

Equipment Operator's Pre-Shift Safety Check List

Mechanic's Signature:

Date:

Mechanic's Remarks:

Supervisor's Signature:

Cory A.

Operator's Signature:

John S.

Operator's Remarks: AC/INDP

Excessive oil or Hydraulic Leaks	✓
Brakes: Foot	✓
Brakes: Parking	✓
Air System/Leaks/Building, holding pressure	✓
Fire Extinguisher	✓
Lights	✓
Horn (Air)	✓
Glass: Windshield	✓
Glass: Door	✓
Grab Rails	✓
Steps	✓
Safety Guards	✓
Mirrors	✓
Heating/Air Conditioner Working	✓
Wheel Chocks	✓
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	✓

Codes:

OK	Repairs Made	Repairs Required
✓	0	X

Machine Hours: 32468

Shift: Day

Equipment Type: Z69

Equipment #: 342

Note: (fill out this sheet before starting shift)

Date: 11/26/25

Equipment Operator's Pre-Shift Safety Check List

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Supervisor's Signature: *Craig A.*Operator's Signature: *Craig A.*

Operator's Remarks: O.I. Change due

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

OK	Repairs Made	Repairs Required
X	0	

Codes: _____

Machine Hours: *112527*Shift: *Day*Equipment Type: *E350*Equipment #: *1165*

Note: (fill out this sheet before starting shift)

Date: *11/26/25*

Equipment Operator's Pre-Shift Safety Checklist

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Supervisor's Signature: *TSM*Operator's Signature: *TSM*

Operator's Remarks: _____

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

X	OK	Repairs Made	Repairs Required
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Codes: _____

Machine Hours: *32469*Shift: *M/W/F*Equipment Type: *76C 145L*Equipment #: *342*

Note: (fill out this sheet before starting shift)

Equipment Operator's Pre-Shift Safety Check List

Date: *11-26-25*

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Operator's Signature: _____

Operator's Remarks: _____

Excessive oil or Hydraulic Leaks	<input checked="" type="checkbox"/>	Repairs Made	OK	Repairs Required
Brakes: Foot	<input checked="" type="checkbox"/>			
Brakes: Parking	<input checked="" type="checkbox"/>			
Air System/Leaks/Building, holding pressure	<input checked="" type="checkbox"/>			
Fire Extinguisher	<input checked="" type="checkbox"/>			
Lights	<input checked="" type="checkbox"/>			
Horn (Air)	<input checked="" type="checkbox"/>			
Glass: Windshield	<input checked="" type="checkbox"/>			
Glass: Door	<input checked="" type="checkbox"/>			
Grab Rails	<input checked="" type="checkbox"/>			
Steps	<input checked="" type="checkbox"/>			
Safety Guards	<input checked="" type="checkbox"/>			
Pin Conditions (if Applicable)	<input checked="" type="checkbox"/>			
Mirrors	<input checked="" type="checkbox"/>			
Wheel Chocks	<input checked="" type="checkbox"/>			
Tires/Wheels	<input checked="" type="checkbox"/>			
Steering/Fluid Level	<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 checked="" type="checkbox"/>			
DEF Level	<input checked="" type="checkbox"/>			
Water Level	<input checked="" type="checkbox"/>			

Date: 11-27-25	Equipment #: 1165	Equipment Type: F-250	Shift: 6 AM - 6 PM	Machine Hours: 110,351	Codes: _____
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Note: (fill out this sheet before starting shift)

Equipment Operator's Pre-Shift Safety Checklist