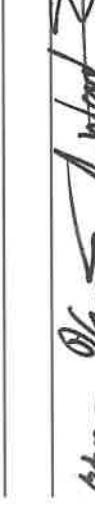


# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment #	<u>120</u>	Date	<u>12.24.25</u>
Equipment Type	<u>912</u>	Shift	<u>Day</u>
Machine Hours	<u>17922</u>	Codes:	<input checked="" type="checkbox"/> OK <input type="checkbox"/> 0 <input type="checkbox"/> Repairs Made <input type="checkbox"/> Repairs Required 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)			✓
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			N/A

## OPERATOR REMARKS:



Operator's Signature

SUPERVISOR'S SIGNATURE

MECHANIC'S SIGNATURE

DATE

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 1223

Date 12-24-25

Equipment Type Fny

Shift Day Machine Hours 9407

Codes:  OK  Repairs Made  Repairs Required  X

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 checked="" type="checkbox"/>
Fire Extinguisher	<input checked="" type="checkbox"/>
Lights	<input checked="" type="checkbox"/>
Horn(Electric)	<input checked="" type="checkbox"/>
Horn(Air)	<input checked="" type="checkbox"/>
Windshield Wipers	<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"/>
Heating/Air Conditioner Working	<input checked="" 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 checked="" type="checkbox"/>
DEF Level	<input checked="" type="checkbox"/>
Water Level	<input checked="" type="checkbox"/>

OPERATOR REMARKS:

1223.1 - 530

John Ward  
OPERATOR'S SIGNATURE

MECHANICS REMARKS:

John Ward  
SUPERVISOR'S SIGNATURE

MECHANIC'S SIGNATURE

DATE

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 1196  
Equipment Type 332  
Shift • Day  
Machine Hours 11697

Date 12-24-25

Codes:  OK  O  Repairs Made  Repairs Required X

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 checked="" type="checkbox"/>
Fire Extinguisher	<input checked="" type="checkbox"/>
Lights	<input checked="" type="checkbox"/>
Horn(Electric)	<input checked="" type="checkbox"/>
Horn(Air)	<input checked="" type="checkbox"/>
Windshield Wipers	<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"/>
Heating/Air Conditioner Working	<input checked="" 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 checked="" type="checkbox"/>
DEF Level	<input checked="" type="checkbox"/>
Water Level	<input checked="" type="checkbox"/>

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 # 1121

Equipment Type TL6

Shift Day

Machine Hours 4042

Date 12-24-23

Codes:  OK  ✓  0  X  Repairs Made  Repairs Required

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 checked="" type="checkbox"/>
Fire Extinguisher	<input checked="" type="checkbox"/>
Lights	<input checked="" type="checkbox"/>
Horn(Air)	<input checked="" type="checkbox"/>
Windshield Wipers	<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"/>
Heating/Air Conditioner Working	<input checked="" 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 checked="" type="checkbox"/>
DEF Level	<input checked="" type="checkbox"/>
Water Level	<input checked="" type="checkbox"/>

OPERATOR REMARKS:

\_\_\_\_\_  
*John Wood*  
OPERATOR'S SIGNATURE

MECHANICS REMARKS:

\_\_\_\_\_  
*John Wood*  
SUPERVISOR'S SIGNATURE

MECHANIC'S SIGNATURE

DATE

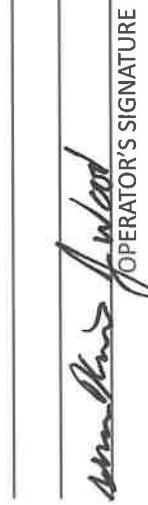
# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 1020 Date 12-24-25  
Equipment Type Crane Shift Day  
Machine Hours 4619

	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(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 REMARKS:

  
John Anderson  
OPERATOR'S SIGNATURE

## MECHANICS REMARKS:

  
Supervisor's Signature

MECHANIC'S SIGNATURE

DATE

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 343 Date 12-24-25  
Equipment Type water truck  
Shift Day  
Machine Hours 6707

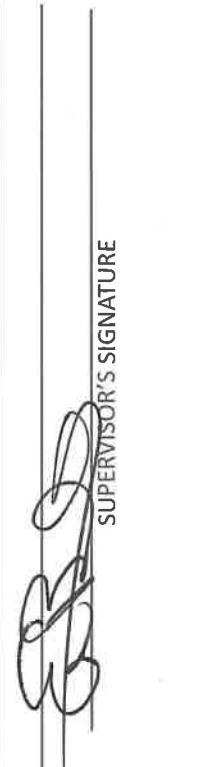
	Codes:	OK 	Repairs Made 	Repairs Required 
Excessive oil or hydraulic Leaks				
Backup Alarm				
Brakes:Foot				
Brakes: Parking				
Air System/Leaks/Building, holding pressure				
Fire Extinguisher				
Lights				
Horn(Air)				
Windshield Wipers				
Glass:Windshield				
Glass:Door				
Grab Rails				
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 REMARKS:

Has never not working

  
John O'Wood  
OPERATOR'S SIGNATURE

## MECHANICS REMARKS:

  
SUPERVISOR'S SIGNATURE

  
MECHANIC'S SIGNATURE

DATE

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 862  
Equipment Type Bullshoe  
Shift Day  
Machine Hours 10591

Date 12-24-25

Codes:  OK  ✓  0  X

Excessive oil or hydraulic Leaks	✓
Backup Alarm	✓
Brakes:Foot	✓
Brakes: Parking	✓
Air System/Leaks/Building, holding pressure	✓
Fire Extinguisher	✓
Lights	✓
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 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 #	<u>343</u>	Date	<u>12-24-26</u>
Equipment Type	<u>K700</u>	Shift	<u>Day</u>
Machine Hours	<u>6707</u>	Codes:	<input checked="" type="checkbox"/> ✓ <input type="checkbox"/> O <input type="checkbox"/> Repairs Made <input type="checkbox"/> Repairs Required X
<b>Excessive oil or hydraulic Leaks</b>			
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 checked="" type="checkbox"/>		
Fire Extinguisher	<input checked="" type="checkbox"/>		
Lights	<input checked="" type="checkbox"/>		
Horn(Air)	<input checked="" type="checkbox"/>		
Windshield Wipers	<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"/>		
Heating/Air Conditioner Working	<input checked="" 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 checked="" type="checkbox"/>		
DEF Level	<input checked="" type="checkbox"/>		
Water Level	<input checked="" type="checkbox"/>		

## OPERATOR REMARKS:

*Walter Vinton J. Wood SOS*  
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 # 1231 Date 12-24-25  
Equipment Type Excavator  
Shift Day Machine Hours 9513.5

Codes:  OK  0  Repairs Made  Repairs Required X

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 checked="" type="checkbox"/>
Fire Extinguisher	<input checked="" type="checkbox"/>
Lights	<input checked="" type="checkbox"/>
Horn(Electric)	<input checked="" type="checkbox"/>
Horn(Air)	<input checked="" type="checkbox"/>
Windshield Wipers	<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"/>
Heating/Air Conditioner Working	<input checked="" 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 checked="" type="checkbox"/>
DEF Level	<input checked="" type="checkbox"/>
Water Level	<input checked="" type="checkbox"/>

OPERATOR REMARKS:

1231, 12:21:39 great is Board

Boone Max John Doe  
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 # 1242

Date 12-24-25

Equipment Type F350

Shift Day

Machine Hours 106925

Codes:  OK  O  X

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 checked="" type="checkbox"/>
Fire Extinguisher	<input checked="" type="checkbox"/>
Lights	<input checked="" type="checkbox"/>
Horn(Air)	<input checked="" type="checkbox"/>
Windshield Wipers	<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"/>
Heating/Air Conditioner Working	<input checked="" 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 checked="" type="checkbox"/>
DEF Level	<input checked="" type="checkbox"/>
Water Level	<input checked="" type="checkbox"/>

## OPERATOR REMARKS:

In-Transit making noise

Markus Weller  
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 # 132 Date 12-24-25  
Equipment Type F-250  
Shift Day  
Machine Hours 116.502 Codes: OK  0  X Repairs Made Repairs Required

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 checked="" type="checkbox"/>
Fire Extinguisher	<input checked="" type="checkbox"/>
Lights	<input checked="" type="checkbox"/>
Horn(Air)	<input checked="" type="checkbox"/>
Windshield Wipers	<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"/>
Heating/Air Conditioner Working	<input checked="" 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 checked="" type="checkbox"/>
DEF Level	<input checked="" type="checkbox"/>
Water Level	<input checked="" type="checkbox"/>

OPERATOR REMARKS:

*Coolant additive*

*J. H.*

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

## Equipment Operator's Pre-Shift Safety Check List

Date: 12-25-05

Note: (fill out this sheet before starting shift)

Equipment #: 1299

Equipment Type: Kubota

Shift: Day

Machine Hours: 1427.1

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)	✓	
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: \_\_\_\_\_



Supervisor's Signature: 

Mechanic's Remarks: \_\_\_\_\_

Mechanic's Signature: \_\_\_\_\_

Date: \_\_\_\_\_