

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

	Date	12-23-25		
Equipment #	1121			
Equipment Type	JLG			
Shift	Day			
Machine Hours	4042			
	Codes:	OK <input checked="" type="checkbox"/>	Repairs Made <input type="radio"/>	Repairs Required <input type="checkbox"/>
Excessive oil or hydraulic Leaks		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backup Alarm		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brakes:Foot		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brakes: Parking		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air System/Leaks/Building holding pressure		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn(Air)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass:Windshield		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass:Door		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grab Rails		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steps		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Guards		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pin Conditions (If Applicable)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/Air Conditioner Working		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel Chocks		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belts		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires/Wheels		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering/Fluid level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coolant Level/Leaks		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Oil Level/Leaks		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Oil Level/Leaks		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission Oil Level/Leaks		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEF Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPERATOR REMARKS:

*Mark J. West*

OPERATOR'S SIGNATURE

*ESB*

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 - 23 - 25

Equipment Type Tn3

Shift Day

Machine Hours 8401

Codes:	OK	Repairs Made	Repairs Required
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 - 526

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 # 1230

Date 12-23-25

Equipment Type 982

Shift Day

Machine Hours 17813

Codes:  OK  Repairs Made  Repairs Required  
 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: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:

the Okie Back up Work

OPERATOR'S SIGNATURE

ESQ

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 # 1196

Date 12-23-25

Equipment Type 33C

Shift Day

Machine Hours 11681

Codes:	OK	Repairs Made	Repairs Required
<input checked="" type="checkbox"/>	✓	0	X

Excessive oil or hydraulic Leaks	✓
Backup Alarm	✓
Brakes;Foot	✓
Brakes: Parking	✓
Air System/Leaks/Building, holding pressure	✓
Fire Extinguisher	✓
Lights	✓
Horn(Electric)	✓
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 J. Ward

OPERATOR'S SIGNATURE

SSS

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 # 1620 Date 12 - 23 - 25  
 Equipment Type Gravel Shift Day

Machine Hours 1695

Codes:	OK	Repairs Made	Repairs Required
<input checked="" type="checkbox"/>	0	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:

Mark J. Wood  
OPERATOR'S SIGNATURE

Supervisor'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 # 1242

Date 12 - 23 - 25

Equipment Type F 350

Shift Day

Machine Hours 106.970

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

Markus Gutekunst Wood OPERATOR'S SIGNATURE

Supervisor 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 # 1031 Date 12-29  
 Equipment Type Fire truck Shift 2

Machine Hours \_\_\_\_\_

Codes:	OK	Repairs Made	Repairs Required
	<input checked="" type="checkbox"/>	O	X
Excessive oil or hydraulic Leaks			
Backup Alarm			
Brakes:Foot			
Brakes: Parking			
Air System/Leaks/Building holding pressure			
Fire Extinguisher			
Lights			
Horn(Electric)			
Horn(Air)			
Windshield Wipers			
Glass:Windshield			
Glass:Door			
Grab Rails			
Steps			
Safety Guards			
Mirrors			
Pin Conditions (If Applicable)			
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 # 1299 Date 12.22

Equipment Type Kubota

Shift 2

Machine Hours \_\_\_\_\_

Codes:	OK	Repairs Made	Repairs Required
	<input checked="" type="checkbox"/>	O	X
Excessive oil or hydraulic Leaks			
Backup Alarm			
Brakes;Foot			
Brakes: Parking			
Air System/Leaks/Building,holding pressure			
Fire Extinguisher			
Lights			
Horn(Electric)			
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

12/22

SUPERVISOR'S SIGNATURE

12/22

MECHANIC'S SIGNATURE

DATE

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Equipment # 862  
 Equipment Type Bulldozer  
 Shift 2

Date 12/22

Machine Hours	Codes:	OK	Repairs Made	Repairs Required
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive oil or hydraulic Leaks				
Backup Alarm				
Brakes/Foot				
Brakes: Parking				
Air System/Leaks/Building holding pressure				
Fire Extinguisher				
Lights				
Horn(Electric)				
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

## MECHANIC'S REMARKS:

MECHANIC'S SIGNATURE

DATE

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Equipment # 1R30 Date 12/22  
 Equipment Type 98L Shift 2nd

Machine Hours \_\_\_\_\_

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

Excessive oil or hydraulic Leaks			
Backup Alarm			
Brakes;Foot			
Brakes; Parking			
Air System/Leaks/Building holding pressure			
Fire Extinguisher			
Lights			
Horn(Electric)			
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 # 1196  
 Equipment Type 376  
 Shift 2

Date 12/22

Machine Hours \_\_\_\_\_

Excessive oil or hydraulic Leaks

Backup Alarm

Brakes;Foot

Brakes: Parking

Air System/Leaks/Building holding pressure

Fire Extinguisher

Lights

Horn(Electric)

Horn(Air)

Windshield Wipers

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~~

MECHANIC'S SIGNATURE

DATE

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Date 12-22-25

Machine Hours	Codes:	OK	Repairs Made	Repairs Required
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive oil or hydraulic Leaks		✓		
Backup Alarm		✓		
Brakes/Foot		✓		
Brakes: Parking		✓		
Air System/Leaks/Building holding pressure		✓		
Fire Extinguisher		✓		
Lights		✓		
Horn(Electric)		✓		
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:

Backup lights and Alarm work then flicker on and off then don't work, may  
Park Brake doesn't hold when back end is pointing down

Bill

Bill

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 # 1247 Date 12-22-25  
 Equipment Type UV11

Shift M, 3/4 Machine Hours 3144.5

Codes:	OK	Repairs Made	Repairs Required
<input checked="" type="checkbox"/>	0	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"/>
Mirrors	<input checked="" type="checkbox"/>
Pin Conditions (If Applicable)	<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:

air compressor hour meter don't work

Daniel Brown OPERATOR'S SIGNATURE

Karen SUPERVISOR'S SIGNATURE

MECHANIC'S REMARKS:

MECHANIC'S SIGNATURE

DATE

# Equipment Operator's Pre-Shift Safety Check List

Date: 12/23/25

Equipment # 251

Equipment Type SP120C

Shift: 2nd

Machine Hours: 9486.3

Codes:

	OK <input checked="" type="checkbox"/>	Repairs Made <input type="checkbox"/>	Repairs Required <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 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's Remarks: 1231.1 01228:30:37  
Best Broke

Operator's Signature: John

Mechanic's Remarks:

Supervisor's Signature: John

Mechanic's Signature:

Date:

Note: (fill out this sheet before starting shift)