

EQUIPMENT OPERATOR’S PRE-SHIFT SAFETY CHECK LIST

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

LOCATION: Ches

EQUIPMENT TYPE AND NUMBER: 7 ans

STARTING HOURS: _____

SHIFT NO. Day

DATE: 12/24/25

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
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:
1055 - Good
1225 - Good
Ken Samps

1213 - will not start

SUPERVISOR'S SIGNATURE

MECHANIC REMARKS:

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

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

LOCATION: Greer DATE: 12/22
EQUIPMENT TYPE AND NUMBER: 810
STARTING HOURS: 565.32 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:

M. S. D.
OPERATOR'S SIGNATURE
E. M. S.
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: 12/22/25
EQUIPMENT TYPE AND NUMBER: 1295
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	<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:

A arm bushings

[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: 12/22/25

EQUIPMENT TYPE AND NUMBER: Ford #1049

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

<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

[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: 12/24/25

EQUIPMENT TYPE AND NUMBER: AHS #1053

STARTING HOURS: 17,403

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:

[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: greer
EQUIPMENT TYPE AND NUMBER: 1283
STARTING HOURS: 2752
SHIFT NO. 1

DATE: 12/22/25

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 type="checkbox"/> Warning decals, lights or alarms	<input type="checkbox"/> Gauges and Instruments
<input type="checkbox"/> Steering	<input 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 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 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 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 checked="" 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 checked="" type="checkbox"/> Steps or ladders	<input checked="" type="checkbox"/> Tracks: pads/sprockets
<input checked="" type="checkbox"/> Handrails/Grab-rails	<input type="checkbox"/> 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:

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: 12/22
EQUIPMENT TYPE AND NUMBER: 1003 984
STARTING HOURS: 9017.16 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	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	
Emergency Functions	
Other:	

OPERATOR REMARKS:

Garrett Davis
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: 12/22

EQUIPMENT TYPE AND NUMBER: 1023

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	<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:

Fuel tank leaking some

Garrett V. Allen

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: Green

DATE: 12-22-25

EQUIPMENT TYPE AND NUMBER: 1144

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 type="checkbox"/> Mirrors: broken	<input 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:

Back wiper - oil leaks

Brian Datto

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: Cover DATE: 12-22-25
 EQUIPMENT TYPE AND NUMBER: 819
 STARTING HOURS: 5574 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:

jack pad, wipers

M. Gomen

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

EQUIPMENT TYPE AND NUMBER: 1059

STARTING HOURS: _____

SHIFT NO. Day

DATE: 12-22-25

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	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	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:

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

MECHANIC REMARKS:

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

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

LOCATION: _____
EQUIPMENT TYPE AND NUMBER: 1044
STARTING HOURS: 134199
SHIFT NO. _____

DATE: 12-22-25

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

OPERATOR REMARKS:

Chris Nicholson / Jordan Pyles
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: _____ DATE: 12-22-25
EQUIPMENT TYPE AND NUMBER: 1228
STARTING HOURS: 904 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	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, 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:

Chris Nicholson
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: Ches

DATE: 12/22/25

EQUIPMENT TYPE AND NUMBER: 1100

STARTING HOURS: 30755

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 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, <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	<input checked="" type="checkbox"/> Tracks: pads/sprockets
<input checked="" type="checkbox"/> Handrails/Grab-rails <u>Bent</u>	<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:

Few lights out.

Kerr Scurry
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: Mine
 EQUIPMENT TYPE AND NUMBER: 979
 STARTING HOURS: 41, 740
 SHIFT NO. 1

DATE: 12-22-25

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	<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 Bent

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 Limestone
 EQUIPMENT TYPE AND NUMBER: 1266
 STARTING HOURS: 5291.7
 SHIFT NO. Day

DATE: 12-22-25

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:

Front right step needs fixed or replaced

David Collins
 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
 EQUIPMENT TYPE AND NUMBER: 947
 STARTING HOURS: 42359.7
 SHIFT NO. Day

DATE: 12/22/25

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	<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 don't work all time. Front left running light is broke. Back up camera don't work.

Logan Sirbaugh
 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: Green

DATE: 12-22-25

EQUIPMENT TYPE AND NUMBER: 931

STARTING HOURS: 43796

SHIFT NO. _____ CODES:

OK

REPAIRS MADE

REPAIRS REQUIRED



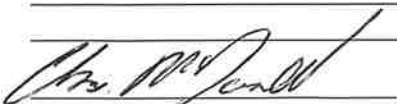
*IF YOU HAVE ANY QUESTIONS OR DOUBT IF EQUIPMENT IS OPERABLE SPEAK WITH A MECHANIC OR SUPERVISOR IMMEDIATELY

SAFETY CHECKS

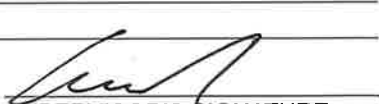
OPERATIONAL CHECKS

<input 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: Garage DATE: 12 22 25
 EQUIPMENT TYPE AND NUMBER: 230
 STARTING HOURS: 47702 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>NA</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"/> Back up Camera
<input checked="" type="checkbox"/> Emergency Functions	
<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Bucket Cracks/Cut Edge

OPERATOR REMARKS:

S. Goodwin 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: Grccr DATE: 12/22/25
EQUIPMENT TYPE AND NUMBER: 2256/1101
STARTING HOURS: 29025 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:

RF Step needs fixed

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: 12/22/25

EQUIPMENT TYPE AND NUMBER: 1014

STARTING HOURS: 38625.2

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:

Truck has oil Leak

Wesley Sumner

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: _____

DATE: 122225

EQUIPMENT TYPE AND NUMBER: _____

STARTING HOURS: 68079

OK

REPAIRS MADE

REPAIRS REQUIRED

SHIFT NO. Am

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:

W/A needs washed

OPERATOR'S SIGNATURE

W/A
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: 12-22-25

EQUIPMENT TYPE AND NUMBER: 7756 New Tr

STARTING HOURS: 6951

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	<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: Greer DATE: 12/22/25
 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:

Bubert H Law
 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: Greener

DATE: 12-22-25

EQUIPMENT TYPE AND NUMBER: T70 Water Truck

STARTING HOURS: 9773

SHIFT NO. 1

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: 66612

DATE: 12-22-25

EQUIPMENT TYPE AND NUMBER: 1069

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	<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:

Wheel seal leaks Hydraulic
Gauge Leaks Work Lights out

Dan Wilson

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
EQUIPMENT TYPE AND NUMBER: 807
STARTING HOURS: _____
SHIFT NO. Day

DATE: 12-22-25

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	<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	
<input checked="" type="checkbox"/> Other:	

OPERATOR REMARKS:

Power steering small leak missing mud flap passenger side, grade all light out passenger side
Sam Brown

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

MECHANIC REMARKS:

MECHANIC SIGNATURE

DATE