

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

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

LOCATION: DCL DATE: 12-15-25  
EQUIPMENT TYPE AND NUMBER: 1076  
STARTING HOURS: 28959  
SHIFT NO. 1 OK ☒ REPAIRS MADE ☐ REPAIRS REQUIRED ☐ X  
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	Gauges and Instruments
<input checked="" type="checkbox"/> Steering	Engine Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Service Brakes	Hydraulic Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Parking Brakes	Radiator: fluid level, leaks
<input checked="" type="checkbox"/> Horn	Battery: Low fluid, loose connections
<input checked="" type="checkbox"/> Back-up Alarm	Fuel: Level, leaks, filters
<input checked="" type="checkbox"/> Seatbelt	<input checked="" type="checkbox"/> Tires/wheels: Pressure, wear, damage
Air System: Building and holding pressure	Engine: Run rough, leaks, unusual noises
<input checked="" type="checkbox"/> Fire Extinguisher: charged, retainer pin, tag	<input checked="" type="checkbox"/> Hydraulic system working
Mirrors: broken	Mirrors: cracked
Windshield: broken	Windshield: cracked
Windows: broken	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:

B. Tucker  
OPERATOR'S SIGNATURE

RC  
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: DCL DATE: 12/15/25  
EQUIPMENT TYPE AND NUMBER: 642  
STARTING HOURS: 48922 OK REPAIRS MADE REPAIRS REQUIRED  
SHIFT NO. 1st 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:

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OPERATOR'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

MECHANIC REMARKS:

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MECHANIC SIGNATURE

\_\_\_\_\_  
DATE

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

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

LOCATION: DCL DATE: 12-15-25  
EQUIPMENT TYPE AND NUMBER: 1025  
STARTING HOURS: 43571 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	<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:

[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: D.C. DATE: 12-15-25  
EQUIPMENT TYPE AND NUMBER: 75017/991  
STARTING HOURS: 6:55:39 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	Engine Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Service Brakes	Hydraulic Oil: Fluid level, leaks
<input checked="" type="checkbox"/> Parking Brakes	Radiator: fluid level, leaks
<input checked="" type="checkbox"/> Horn	Battery: Low fluid, loose connections
<input checked="" type="checkbox"/> Back-up Alarm	Fuel: Level, leaks, filters
<input checked="" type="checkbox"/> Seatbelt	Tires/wheels: Pressure, wear, damage
<input checked="" type="checkbox"/> Air System: Building and holding pressure	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	Mirrors: cracked
<input checked="" type="checkbox"/> Windshield: broken	Windshield: cracked
<input checked="" type="checkbox"/> Windows: broken	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 checked="" type="checkbox"/> Other:	

OPERATOR REMARKS:

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OPERATOR'S SIGNATURE  
MECHANIC REMARKS:

AC  
SUPERVISOR'S SIGNATURE

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MECHANIC SIGNATURE

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DATE

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

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

LOCATION: Decker DATE: 12.15.25  
EQUIPMENT TYPE AND NUMBER: 982-1771  
STARTING HOURS: 5:42 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:

  
OPERATOR'S SIGNATURE  
MECHANIC REMARKS:

  
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: Dcl DATE: 12-15-25  
EQUIPMENT TYPE AND NUMBER: 1280  
STARTING HOURS: 5280-6 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:

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OPERATOR'S SIGNATURE [Signature] SUPERVISOR'S SIGNATURE [Signature]

MECHANIC REMARKS:

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\_\_\_\_\_

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MECHANIC SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

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

LOCATION:

DCL

DATE:

12/15/25

EQUIPMENT TYPE AND NUMBER:

1010

STARTING HOURS:

SHIFT NO.

1ST

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

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:

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: DCL DATE: 12/15/25  
EQUIPMENT TYPE AND NUMBER: 1188  
STARTING HOURS: 12/13/0 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:



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: DCL DATE: 12/15/25  
EQUIPMENT TYPE AND NUMBER: 1082  
STARTING HOURS: \_\_\_\_\_ OK REPAIRS MADE REPAIRS REQUIRED  
SHIFT NO. Day 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	<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:

*[Signature]*  
OPERATOR'S SIGNATURE  
MECHANIC REMARKS:  
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*[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: DCL DATE: 12/15/25  
EQUIPMENT TYPE AND NUMBER: 1249  
STARTING HOURS: 7952 OK REPAIRS MADE REPAIRS REQUIRED  
SHIFT NO. Day 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	<input checked="" type="checkbox"/> Other: <u>water pump</u>
<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:

water pump for sprays not working  
Boom light out

[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: Decker S DATE: 12-15  
EQUIPMENT TYPE AND NUMBER: 964  
STARTING HOURS: 25-18 OK REPAIRS MADE REPAIRS REQUIRED  
SHIFT NO. 1 CODES: ☒ ☐ ☐ X

\*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:

  
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: D.C.L.

DATE: 12-15-25

EQUIPMENT TYPE AND NUMBER: #10420 Chevy 3500

STARTING HOURS: \_\_\_\_\_

OK

REPAIRS MADE

REPAIRS REQUIRED

SHIFT NO. DAY Shift

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
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	
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: DCL

DATE: 12-15-25

EQUIPMENT TYPE AND NUMBER: Car 816

STARTING HOURS: 55174

SHIFT NO. 1

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	<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:

[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: DCL DATE: 12-15-25  
EQUIPMENT TYPE AND NUMBER: Cat 988K 1291  
STARTING HOURS: 1767 OK ☒ REPAIRS MADE ☐ REPAIRS REQUIRED ☐  
SHIFT NO. 1st 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: DCL

DATE: 12-15-25

EQUIPMENT TYPE AND NUMBER: 1102

STARTING HOURS: 25904

SHIFT NO. 1 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	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:

*Ami Trigg*  
OPERATOR'S SIGNATURE

*RL*  
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: PCC

DATE: 12-15-25

EQUIPMENT TYPE AND NUMBER: 637

STARTING HOURS: 55,100

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

OPERATOR REMARKS:

Cracks on Shock tower on Right Front

FRAME

BBdard  
OPERATOR'S SIGNATURE

RL  
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: DCL DATE: 12-15-25  
EQUIPMENT TYPE AND NUMBER: 987 CAT  
STARTING HOURS: 36856 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 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:

M. J.

OPERATOR'S SIGNATURE

PL

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: DC DATE: 12-15-25  
EQUIPMENT TYPE AND NUMBER: 1173992L  
STARTING HOURS: 31796 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	
<input checked="" type="checkbox"/> Emergency Functions	
Other:	

OPERATOR REMARKS:

[Signature] [Signature]  
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: Deckers DATE: 12-15-25  
EQUIPMENT TYPE AND NUMBER: 806-808  
STARTING HOURS: 2:36 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	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