

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Equipment # 106 Date 11-27-25
 Equipment Type TOYOTA

Shift Day

Machine Hours 1505

Codes: OK Repairs Made Repairs Required
 O X

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

OPERATOR REMARKS:

Dong Bost

OPERATOR'S SIGNATURE

Dong Bost

SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

Equipment Operator's Pre-Shift Safety Check List

Date: 12/11/25

Note: (fill out this sheet before starting shift)

Equipment #: 945

Equipment Type: 98014

Shift: Night

Machine Hours: 39273.1

Codes:

	OK	Repairs Made	Repairs Required
✓		O	X

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

Operator's Remarks: All new wind shield cracks, rear handle worn, bucket not leveled, map.

Operator's Signature: John P. Miller

Supervisor's Signature: John H. Miller

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-1-25

Note: (fill out this sheet before starting shift)

Equipment #: 342

Equipment Type: 769 truck

Shift: 49X

Machine Hours: 32483

Codes:

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

Operator's Remarks:

Operator's Signature: Rolle Pomroy Supervisor's Signature: Rolle Pomroy

Mechanic's Remarks:

Mechanic's Signature:

Date:

Equipment Operator's Pre-Shift Safety Check List

Date: 12-1-25

Note: (fill out this sheet before starting shift)

Equipment #: 1011

Equipment Type: IT14G

Shift: day

Machine Hours: 4234

Codes:

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

Operator's Remarks:

Operator's Signature: Robbie Pennington Supervisor's Signature: Robbie Pennington

Mechanic's Remarks:

Mechanic's Signature:

Date:

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Equipment # 1106 Date 11-28-25

Equipment Type Toyota

Shift Day

Machine Hours 11506

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

OPERATOR REMARKS:

EDD — OPERATOR'S SIGNATURE

EDD — SUPERVISOR'S SIGNATURE

MECHANIC'S REMARKS:

MECHANIC'S SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Equipment # 1106

Equipment # 1106

Date 12-1-25

Shift Day
Machine Hours 11506

Codes:	OK	Repairs Made	Repairs Required
	✓	O	X

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

OPERATOR REMARKS:

Dorothy Parker OPERATOR

OPERATOR'S SIGNATURE

Dong Bohn
SUPERVISOR

SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE