

Equipment Operator's Pre-Shift Safety Check List

Date: 12-11-25

Note: (fill out this sheet before starting shift)

Equipment #: 1096

Equipment Type: Ford

Shift: Day

Machine Hours: 159224

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) | ✓ | |
| Horn (Air) | | |
| Windshield Wipers | ✓ | |
| Glass: Windshield | ✓ | |
| Glass: Door | ✓ | |
| Grab Rails | ✓ | |
| Steps | ✓ | |
| Safety Guards | ✓ | |
| Pin Conditions (If Applicable) | ✓ | |
| Mirrors | ✓ | X |
| Heating/Air Conditioner Working | | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | ✓ | |
| Coolant Level/Leaks | ✓ | |
| Engine Oil Level/Leaks | ✓ | |
| Hydraulic Oil Level/Leaks | ✓ | |
| Transmission Oil Level/Leaks | ✓ | |
| Fuel Level | ✓ | |
| DEF Level | | |
| Water Level | ✓ | |

Operator's Remarks: _____

Operator's Signature: Jay Mallon

Supervisor's Signature: J. E. E.

Mechanic's 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 #: 1083

Equipment Type: truck

Shift: day

Machine Hours: _____

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) | ✓ | |
| Horn (Air) | | |
| Windshield Wipers | ✓ | |
| Glass: Windshield | ✓ | |
| Glass: Door | | |
| Grab Rails | | |
| Steps | ✓ | |
| Safety Guards | | |
| Pin Conditions (If Applicable) | | |
| Mirrors | ✓ | |
| Heating/Air Conditioner Working | ✓ | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | ✓ | |
| Coolant Level/Leaks | ✓ | |
| Engine Oil Level/Leaks | ✓ | |
| Hydraulic Oil Level/Leaks | | |
| Transmission Oil Level/Leaks | ✓ | |
| Fuel Level | ✓ | |
| DEF Level | | |
| Water Level | | |

Operator's Remarks: _____

Operator's Signature: Wynatt Abough

Supervisor's Signature: John

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-11

Note: (fill out this sheet before starting shift)

Equipment #: 975

Equipment Type: Erc

Shift: Day

Machine Hours: 32198

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | O | X |

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

Operator's Remarks: _____

Operator's Signature: keylor Supervisor's Signature: LZ

Mechanic's 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 #: 1212

Equipment Type: 980m

Shift: DAY

Machine Hours: 16341

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) | ✓ | |
| Horn (Air) | | |
| Windshield Wipers | ✓ | |
| Glass: Windshield | ✓ | |
| Glass: Door | ✓ | |
| Grab Rails | ✓ | |
| Steps | ✓ | |
| Safety Guards | ✓ | |
| Pin Conditions (If Applicable) | ✓ | |
| Mirrors | ✓ | |
| Heating/Air Conditioner Working | ✓ | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | ✓ | |
| Coolant Level/Leaks | ✓ | |
| Engine Oil Level/Leaks | ✓ | |
| Hydraulic Oil Level/Leaks | ✓ | |
| Transmission Oil Level/Leaks | ✓ | |
| Fuel Level | ✓ | |
| DEF Level | ✓ | |
| Water Level | | |

Operator's Remarks: _____

Operator's Signature: Adam DeKoven

Supervisor's Signature: J. E.

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-10

Note: (fill out this sheet before starting shift)

Equipment #: 975

Equipment Type: Erc

Shift: Day

Machine Hours: 32189

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | O | X |

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

Operator's Remarks: _____

Operator's Signature: John Doe Supervisor's Signature: John Doe

Mechanic's 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 #: 1112

Equipment Type: Cut Truck 775

Shift: Day

Machine Hours: 31767

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | 0 | X |

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

Operator's Remarks: _____

Operator's Signature: Jay H. R.

Supervisor's Signature: John R.

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Equipment # 1906

Equipment Type 988G

Shift DAV

Date 12-11-25

Machine Hours 1789

| Codes: | OK | Repairs Made | Repairs Required |
|--------|----|--------------|------------------|
| | ✓ | O | X |

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

OPERATOR REMARKS:


OPERATOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE


SUPERVISOR'S SIGNATURE

DATE

Equipment Operator's Pre-Shift Safety Check List

Date: 12-11-25

Note: (fill out this sheet before starting shift)

Equipment #: 1224

Equipment Type: 988K Loader

Shift: Day

Machine Hours: 10615

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) ✓ | | |
| Horn (Air) NA | | |
| Windshield Wipers ✓ | | |
| Glass: Windshield ✓ | | |
| Glass: Door ✓ | | |
| Grab Rails ✓ | | |
| Steps ✓ | | |
| Safety Guards ✓ | | |
| Pin Conditions (If Applicable) ✓ | | |
| Mirrors ✓ | | |
| Heating/Air Conditioner Working ✓ | | |
| Wheel Chocks ✓ | | |
| Seat Belts ✓ | | |
| Tires/Wheels ✓ | | |
| Steering/Fluid Level ✓ | | |
| Coolant Level/Leaks | | |
| Engine Oil Level/Leaks | | |
| Hydraulic Oil Level/Leaks | | |
| Transmission Oil Level/Leaks | | |
| Fuel Level | | |
| DEF Level | | |
| Water Level | | |

Was Already
Running When
I got it

Operator's Remarks:

Operator's Signature: Jeremy Ruffo

Supervisor's Signature: John K.

Mechanic's Remarks:

Mechanic's Signature:

Date:

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Equipment # 1281

Equipment Type Side x Side

Shift DAY

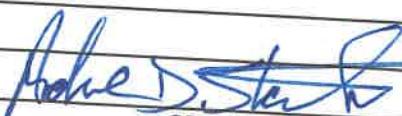
Machine Hours 653

Date 12-11-25

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

| | |
|--|-------------------------------------|
| Excessive oil or hydraulic Leaks | <input checked="" type="checkbox"/> |
| Backup Alarm | <input checked="" type="checkbox"/> |
| Brakes:Foot | <input checked="" type="checkbox"/> |
| Brakes: Parking | <input checked="" type="checkbox"/> |
| Air System/Leaks/Building,holding pressure | <input checked="" type="checkbox"/> |
| Fire Extinguisher | <input checked="" type="checkbox"/> |
| Lights | NA |
| Horn(Electric) | <input checked="" type="checkbox"/> |
| Horn(Air) | <input checked="" type="checkbox"/> |
| Windshield Wipers | <input checked="" type="checkbox"/> |
| Glass:Windshield | NA |
| Glass:Door | <input checked="" type="checkbox"/> |
| Grab Rails | <input checked="" type="checkbox"/> |
| Steps | <input checked="" type="checkbox"/> |
| Safety Guards | NA |
| Pin Conditions (If Applicable) | NA |
| Mirrors | NA |
| Heating/Air Conditioner Working | NA |
| 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 | NA |
| DEF Level | <input checked="" type="checkbox"/> |
| Water Level | NA |

OPERATOR REMARKS:



OPERATOR'S SIGNATURE



SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:



DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Equipment # 1290

Date 12-11-25

Equipment Type 488K

Shift Day

Machine Hours 1793

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

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

OPERATOR REMARKS:

Zachary Vint

OPERATOR'S SIGNATURE

John K.

SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE