

Mechanic's Signature:

Date:

Mechanic's Remarks:

Operator's Signature:

Supervisor's Signature:

Operator's Remarks: *Outline menu*

Excessive oil or Hydraulic Leaks	<input type="checkbox"/>
Brakes: Foot	<input type="checkbox"/>
Brakes: Parking	<input type="checkbox"/>
Air System/Leaks/Building, holding pressure	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>
Lights	<input type="checkbox"/>
Glass: Door	<input type="checkbox"/>
Glass: Windshield	<input type="checkbox"/>
Windshield Wipers	<input type="checkbox"/>
Glass: Door	<input type="checkbox"/>
Windshield Wipers	<input type="checkbox"/>
Glass: Windshield	<input type="checkbox"/>
Step Guards	<input type="checkbox"/>
Mirrors	<input type="checkbox"/>
Heating/Air Conditioner Working	<input type="checkbox"/>
Wheel Chocks	<input type="checkbox"/>
Tires/Wheels	<input type="checkbox"/>
Steering Fluid Level	<input type="checkbox"/>
Coolant Leve/Leaks	<input type="checkbox"/>
Engine Oil Level/Leaks	<input type="checkbox"/>
Hydraulic Oil Level/Leaks	<input type="checkbox"/>
Transmission Oil Level/Leaks	<input type="checkbox"/>
Fuel Level	<input type="checkbox"/>
DEF Level	<input type="checkbox"/>
Water Level	<input type="checkbox"/>

OK	Repairs Made	Repairs Required
X	O	X

Codes:

Machine Hours:

Shift: *M, 3, N, T*Equipment Type: *334 CAT*Equipment #: *1146*Note: (fill out this sheet before starting shift) Date: *12-8-25*

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Supervisor's Signature: _____

Operator's Signature: _____

Operator's Remarks: _____

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

X	OK	Repairs Made	O	Repairs Required
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Codes: _____

Machine Hours: _____

Shift: _____

Equipment Type: FUEL TOWER

Equipment #: 1031

Note: (fill out this sheet before starting shift) Date: 12-8-25

Equipment Operator's Pre-Shift Safety Checklist

DATE

MECHANIC'S SIGNATURE

Mechanics Remarks:

~~OPERATOR'S SIGNATURE~~

~~SUPERVISOR'S SIGNATURE~~

OPERATOR REMARKS:

	Excessive oil or hydraulic leaks
	Brakes: Alarm
	Brakes: Foot
	Brakes: Parking
	Air System/Leaks/Building, holding pressure
	Fire Extinguisher
	Lights
	Horn(Air)
	Windshield Wipers
	Glass:Door
	Grab Rails
	Steps
	Safety Guards
	Mirrors
	Heating/Air Conditioner Working
	Wheel Chocks
	Seat Belts
	Tires/Wheels
	Coolant Level/Leaks
	Hydraulic Oil Level/Leaks
	Transmission Oil Level/Leaks
	Fuel Level
	DEF Level
	Water Level

OK	Repairs Made	O	X	Codes:
				

Machine Hours 36,750

Shift 2
Equipment Type F-550

Equipment # 1621

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Mechanic's Signature:

Date:

Supervisor's Signature:

Mechanic's Remarks:

Operator's Signature:

Operator's Remarks: 1231.1 01261:33:10

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

X	OK	Repairs Made	Repairs Required
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Codes:

Machine Hours: 9330.6

Shift: 2nd

Equipment Type: DP1RC

Equipment #: 1201

DATE

MECHANIC'S SIGNATURE

DATE _____

MECHANIC'S SIGNATURE _____

MECHANICS REMARKS:

OPERATOR'S SIGNATURE _____

SUPERVISOR'S SIGNATURE _____

J.W. BEE

working
 Back up Alarm and Lights flicker on and off Then out

OPERATOR REMARKS:

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

Machine Hours	OK	Repairs Made	Repairs Required
Shift Night	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Note: (fill out this sheet before starting shift)

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Date *12-8-25*Equipment # *75234*Shift *Night*Equipment Type *Articulated truck*

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Operator's Signature: _____

Operator's Remarks: _____

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

X	✓	0
OK	Repairs Made	Repairs Required

Codes: _____

Machine Hours: _____

Shift: _____

Equipment Type: _____

Equipment #: _____

Note: (fill out this sheet before starting shift)

Date: _____

Equipment Operator's Pre-Shift Safety Checklist

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Operator's Signature: _____

Supervisor's Signature: _____

Operator's Remarks: _____

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

X	OK	Repairs Made	O
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Codes: _____

Machine Hours: _____

Shift: _____

Equipment Type: 336

Equipment #: 1196

Note: (fill out this sheet before starting shift)

Date: 13-8

Equipment Operator's Pre-Shift Safety Check List

MECHANIC'S SIGNATURE

DATE

MECHANICS REMARKS:

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

Right high beam out
30 hrs. pony motor

OPERATOR REMARKS:

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

Codes:			
OK	Repairs Made	O	X

Machine Hours 8375

Shift day

Equipment Type E114H

Date 12-9-25

Note: (fill out this sheet before starting shift)

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Mechanic's Signature: _____

Date: _____

Mechanic's Remarks: _____

Supervisor's Signature: _____

Operator's Signature: _____

Operator's Remarks: _____

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

Codes: _____

Machine Hours: 1263

Shift: Day

Equipment Type: Kubota

Equipment #: 1299

Note: (fill out this sheet before starting shift)

Date: 12-9-25

Equipment Operator's Pre-Shift Safety Check List

MECHANIC'S SIGNATURE

DATE

MECHANICS REMARKS:

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

OPERATOR REMARKS:

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

Date	12-9-25	Equipment Type	F-350	Shift	Day
Machine Hours	106 817	Codes:	OK	Repairs Made	Repairs Required

Note: (fill out this sheet before starting shift)

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

DATE

MECHANIC'S SIGNATURE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Date 12-9-25

Shift DA

Equipment Type SWING D. II

Machine Hours 3752

OK	Repairs Made	Repairs Required
Codes:		

SUPERVISOR'S SIGNATURE

OPERATOR'S SIGNATURE

MECHANIC'S REMARKS:

1275.1 Hmwr 1326 Compssor 3753 1275.2

OPERATOR REMARKS:

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

MECHANIC'S SIGNATURE

DATE

MECHANICS REMARKS:

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

OPERATOR REMARKS:

Excessive oil or hydraulic leaks	<input checked="" type="checkbox"/>
Brakes: Foot	<input checked="" type="checkbox"/>
Brakes: Parking	<input checked="" type="checkbox"/>
Air System/Leaks/Building holding pressure	<input checked="" type="checkbox"/>
Fire Extinguisher	<input checked="" type="checkbox"/>
Lights	<input checked="" type="checkbox"/>
Horn(Air)	<input checked="" type="checkbox"/>
Windshield Wipers	<input checked="" type="checkbox"/>
Glass: Window	<input checked="" type="checkbox"/>
Grab Rails	<input checked="" type="checkbox"/>
Steps	<input checked="" type="checkbox"/>
Safety Guards	<input checked="" type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>
Heating/Air Conditioner Working	<input checked="" type="checkbox"/>
Seat Belts	<input checked="" type="checkbox"/>
Tires/Wheels	<input checked="" type="checkbox"/>
Steering/Fuid 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"/>

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

Codes:

Machine Hours 11,581

Shift day

Equipment Type 33C

Equipment # 1196

Note: (fill out this sheet before starting shift)

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

DATE

Mechanic's Signature

MECHANICS REMARKS:

SUPERVISOR'S SIGNATURE

OPERATOR'S SIGNATURE

Rigby Rear air bag leaking

OPERATOR REMARKS:

Equipment # 1020 Date 12-9-25 Equipment Type Gads II Shift day Machine Hours 4622 Codes: X Repairs Required Repairs Made OK

Note: (fill out this sheet before starting shift)

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

MECHANICS REMARKS:

SUPERVISOR'S SIGNATURE

OPERATOR'S SIGNATURE

Right front headlight out.

OPERATOR REMARKS:

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

OK	Repairs Made	Repairs Required
	0	X

Note: (fill out this sheet before starting shift)

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Date 12-9-25

Equipment Type K70C

Shift day

Machine Hours 6709

MECHANIC'S SIGNATURE

DATE

MECHANICS REMARKS:

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

OPERATOR REMARKS:

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

Codes:	OK	Repairs Made	Repairs Required
		0	X

Machine Hours 402Equipment Type JLGEquipment # 1121

Note: (fill out this sheet before starting shift)

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Date 12-9-25

MECHANIC'S SIGNATURE

DATE

MECHANICS REMARKS:

OPERATOR'S SIGNATURE

f Wood ECR

SUPERVISOR'S SIGNATURE

ECE

OPERATOR REMARKS:

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

<input checked="" type="checkbox"/>	OK	Repairs Made	Repairs Required
Codes: <i>10, S43</i>			
Machine Hours <i>10, S43</i>			
Shift <i>day</i>			
Equipment Type <i>Backhoe</i>			
Date <i>12-9-25</i>			
Equipment # <i>862</i>			

Note: (fill out this sheet before starting shift)

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST