

Equipment Operator's Pre-Shift Safety Check List

Date: 12-21-25

Equipment #: 1224

Equipment Type: 988 K Loader

Shift: Day

Machine Hours:

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

Operator's Signature: Jeremy Johnson

Mechanic's Remarks: _____

Supervisor's Signature: Mark B

Mechanic's Signature: _____

Date: _____

Note: (fill out this sheet before starting shift)

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Date 12-19-25

Equipment # 1281
 Equipment Type SIDE X SIDE
 Shift Day

Machine Hours 661

Codes: OK Repairs Made Repairs Required
 0 X

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

OPERATOR REMARKS:

Kyle Stahs

OPERATOR'S SIGNATURE

Chris E.

SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

Equipment Operator's Pre-Shift Safety Check List

Date: 12-19-25

Note: (fill out this sheet before starting shift)

Equipment #: 1234

Equipment Type:

775G

Shift: Day

Machine Hours: 7265

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: running when I go to it

Operator's Signature: Zachary Vint

Supervisor's Signature: John Doe

Mechanic's Remarks:

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-19-25

Note: (fill out this sheet before starting shift)

Equipment #: 1083

Equipment Type: dozer HVAC

Shift: day

Machine Hours:

Codes:

	OK	Repairs Made	Repairs Required
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: Oil change

Operator's Signature: Wyatt Abough

Supervisor's Signature: CB

Mechanic's Remarks:

Mechanic's Signature:

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12/19/25

Note: (fill out this sheet before starting shift)

Equipment #: 1203

Equipment Type: Ceuse Ext Boom

Shift:

Machine Hours: 3609

Codes:

	OK	Repairs Made	Repairs Required
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: Chris H Murphy

Supervisor's Signature: John Doe

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-19

Equipment #: 976

Equipment Type: Exc

Shift: Day

Machine Hours: 30660

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	/		
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 Miller

Mechanic's Remarks: _____

Supervisor's Signature: John Miller

Mechanic's Signature: _____

Date: _____

Note: (fill our this sheet before starting shift)

Equipment Operator's Pre-Shift Safety Check List

Date: 12-19-25

Note: (fill out this sheet before starting shift)

Equipment #: 1212

Equipment Type: Skid

Shift: Day

Machine Hours: 16440

Codes:

	OK ✓	Repairs Made 0	Repairs Required 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 D. Klein

Supervisor's Signature: John D. Klein

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____

Equipment Operator's Pre-Shift Safety Check List

Date: 12-19-25

Equipment #: 1112

Equipment Type: Cat Tractor 225

Shift: Day

Machine Hours: 31813

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	NA	
Water Level	NA	

Operator's Remarks: Def leak on right rear power take off much

Operator's Signature: May 10

Mechanic's Remarks:

Supervisor's Signature: John Doe

Mechanic's Signature:

Date:

Note: (fill out this sheet before starting shift)

Equipment Operator's Pre-Shift Safety Check List

Date: 12-19-25

Note: (fill out this sheet before starting shift)

Equipment #: 1244

Equipment Type: 988 X Loader

Shift: Day

Machine Hours:

Codes:	OK	Repairs Made	Repairs Required
	<input checked="" type="checkbox"/>	0	<input checked="" 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's Remarks: _____

This Afternoon
Running

Operator's Signature: Jeremy Sylwia

Supervisor's Signature: Tony

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____