

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 1121 Date 12-23-25
 Equipment Type SL6
 Shift PM
 Machine Hours 4042

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

Operator's Signature [Signature] Supervisor's Signature [Signature]

MECHANICS REMARKS:

Mechanic's Signature _____ Date _____

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 1223

Date 12-23-25

Equipment Type Int

Shift Day

Machine Hours 8401

	Codes:	OK	Repairs Made	Repairs Required
		<input checked="" type="checkbox"/>	0	X
Excessive oil or hydraulic leaks				<input checked="" type="checkbox"/>
Backup Alarm				
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:

1223.1 - 530

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 1230

Date 12-23-25

Equipment Type 982

Shift 04y

Machine Hours 17813

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	✓
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	N/A

OPERATOR REMARKS:

Adam Olivas OPERATOR'S SIGNATURE

ESJ SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note:(fill out this sheet before starting shift)

Equipment # 1196 Date 12-23-25

Equipment Type 336

Shift Day

Machine Hours 11681

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

Excessive oil or hydraulic leaks	<input checked="" type="checkbox"/>
Backup Alarm	<input checked="" type="checkbox"/>
Brakes:Foot	<i>N/A</i>
Brakes: Parking	<i>N/A</i>
Air System/Leaks/Building,holding pressure	<i>N/A</i>
Fire Extinguisher	<input checked="" type="checkbox"/>
Lights	<input checked="" type="checkbox"/>
Horn(Electric)	<input checked="" type="checkbox"/>
Horn(Air)	<i>N/A</i>
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	<i>N/A</i>
Seat Belts	<input checked="" type="checkbox"/>
Tires/Wheels	<i>N/A</i>
Steering/Fluid level	<i>N/A</i>
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:

John Nass
OPERATOR'S SIGNATURE

ESJ
SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 1020

Equipment Type Grapple

Shift Day

Machine Hours 4695

Date 12-23-25

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

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			N/A
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			N/A

OPERATOR REMARKS:

Operator's Signature [Signature]

Supervisor's Signature [Signature]

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 1242

Date 12-23-25

Equipment Type E350

Shift day

Machine Hours 106970

Codes:

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

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)		✓
Windshield Wipers		N/A
Glass:Windshield		✓
Glass:Door		✓
Grab Rails		✓
Steps		N/A
Safety Guards		✓
Pin Conditions (If Applicable)		N/A
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		N/A
Transmission Oil Level/Leaks		✓
Fuel Level		✓
DEF Level		N/A
Water Level		N/A

OPERATOR REMARKS:

Operator's Signature [Signature]

Supervisor's Signature [Signature]

MECHANICS REMARKS:


Mechanic's Signature _____

Date _____

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 1031 Date 12-22
Equipment Type Fuel truck
Shift 2
Machine Hours _____

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

SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 12009 Date 12.22

Equipment Type Kubota

Shift 2

Machine Hours _____

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

OPERATOR'S SIGNATURE _____ SUPERVISOR'S SIGNATURE _____

MECHANICS REMARKS:

MECHANIC'S SIGNATURE _____ DATE _____

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 862

Equipment Type Backhoe

Shift 2

Date 12-22

Machine Hours _____

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

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

SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 1830
Equipment Type 982
Shift 2nd
Machine Hours _____

Date 10-22

Codes:	OK ✓	Repairs Made 0	Repairs Required X
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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 REMARKS:

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 11916
Equipment Type 376
Shift 2
Machine Hours _____ Date 12-22

	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 REMARKS:

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Date 12-22-25

Equipment # 75234

Equipment Type Austin truck

Shift Night

Machine Hours _____

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

Back up lights and Alarm work then flicker on and off then quit working
Back Brake doesn't hold when Back end is painting down
hill

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECK LIST

Note: (fill out this sheet before starting shift)

Equipment # 1247

Date 12-22-25

Equipment Type UV11

Shift Night

Machine Hours 3144.5

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

air compressor hour meter Don't work

OPERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

MECHANICS REMARKS:

MECHANIC'S SIGNATURE

DATE

Equipment Operator's Pre-Shift Safety Check List

Date: 12/22/25

Note: (fill out this sheet before starting shift)

Equipment # 1251

Equipment Type: SP180c

Shift: 2nd

Machine Hours: 9486.3

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: 1231.1 01228:30:37
Seat Bole

Operator's Signature: [Signature]

Supervisor's Signature: [Signature]

Mechanic's Remarks: _____

Mechanic's Signature: _____

Date: _____