



Safety Requirement: Must Be Completed Daily!

MACHINE CHECK SHEET

NAME _____ DATE _____

MACHINE _____ UNIT NUMBER _____

ENGINE HOURS / KMS MONDAY NIGHT - EXC UNIT # _____ HRS _____
 - BOB CAT UNIT # _____ HRS _____

<u>BEFORE START UP</u>	TUES	WED	THURS	FRI	SAT	SUN	MON
1. Operator Understands Machine							
2. Fluid Levels – Hydraulic/Oils/Water/Air/ Fuel							
3. Fluid Leaks – Hydraulic/Oils/ Water/ Air/ Fuel							
4. Damage to Machine / Guards							
5. Tyres / Tracks							
6. Warning / Safety Signs Visible							
7. Wear Surfaces							
8. Area Clear To Move Machinery (Walk Around)							
9. Steps / Handrail / Handholds							
10. Cabin/Mac Deck Clear – Loose Objects Secured							
11. Fire Extinguisher							
12. Windows / Mirrors Clean, Wipers Operational							
13. Seat / Seatbelt							
14. Excavator Lock-in Pins							
15. Conditions safe to Operate							

<u>AFTER START UP</u>	TUES	WED	THURS	FRI	SAT	SUN	MON
16. Gauges / Lamps / Warning Systems							
17. Light – Front/Rear/Stop/Turning/Beacons							
18. Horns/Reversing Alarms							
19. Throttle Operation							
20. Implement Controls							
21. Brakes – Park/Foot/Retarder/Emergency							
22. Steering							
<i>DRIVER INITIALS</i>							

N.B. Please use for any defects or faults on the machine. This must be filled in correctly each week and handed in with your timesheets to be able to process your pay.

COMMENTS

REVIEWED BY _____

SIGNED _____

DATE _____



Safety Requirement: Must Be Completed Daily!

TRUCK CHECK SHEET

NAME _____ DATE _____

TRUCK UNIT NO _____ TRALIER NO _____

TRUCK KM'S MONDAY NIGHT _____

<u>BEFORE START UP</u>	TUES	WED	THURS	FRI	SAT	SUN	MON
1. Fluid Levels – Hydraulic/Oils/Water/Air/ Fuel							
2. Fluid Leaks – Hydraulic/Oils/ Water/ Air/ Fuel							
3. Damage to Vehicle							
4. Tyres							
5. Warning / Safety Signs Visible							
6. Steps and fuel tanks							
7. Cabin clean - loose objects secured							
8. Windows / Mirrors Clean, Wipers Operational							
9. Conditions Safe To Operate							
10. Turntable Lock							
11. Load Secure							
12. Seat / Seatbelt							
13. Area clear to move (Walk around)							

<u>AFTER START UP</u>	TUES	WED	THURS	FRI	SAT	SUN	MON
14. Gauges / Lamps / Warning Systems							
15. Light – Front/Rear/Stop/Turning/Beacons							
16. Horns/Reversing Alarms							
17. Throttle Operation							
18. Implement Controls							
19. Brakes – Park/Foot/Retarder/Emergency							
20. Steering							
<u>DRIVER INITIALS</u>							

N.B. Please use for any defects or faults on the vehicle. This must be filled in correctly each week and submitted with your timesheets to be able to process your pay.

COMMENTS

REVIEWED BY _____

SIGNED _____

DATE _____