

## DAILY CHECKLIST FOR MOTORIZED EQUIPMENT

Make: \_\_\_\_\_ Equip./Ser. No.: \_\_\_\_\_ Week Beginning: \_\_\_\_\_ 20\_\_\_\_

Note 1: The equipment operator must make this check daily at the start of the shift.

Check the appropriate box if the item is OK. If there is a problem with the item, leave the space blank and fill out the COMMENTS section below.

Visual Checks	Sun		Mon		Tues		Wed		Thur		Fri		Sat	
Shift	1	2	1	2	1	2	1	2	1	2	1	2	1	2
<b>EXCESS DIRT AND DEBRIS</b>														
<b>DAMAGE</b> (Bent, dented or broken parts, paint transfer)														
<b>LEAKS</b> (Drive unit, brakes, hydraulics)														
<b>TIRES &amp; WHEELS</b> (Drive wheels, load wheels, casters)														
<b>FORKS</b> (In place, properly secured, locking pins)														
<b>CHAINS, CABLES, HOSES</b> (In place)														
<b>GUAGES</b> (Operating)														
<b>BATTERY</b> (Vent caps in place, if sealed battery)														
<b>BATTERY CONNECTORS</b> (Cracked, burnt, tight fitting)														
<b>GUARDS</b> (Overhead, load backrest, mast, etc.)														
<b>SAFETY DEVICES</b> ( <u>Lights</u> , labels, seatbelt, harness, tether)														
<b>MAST ASSEMBLY</b> (no broken welds, no dents)														
<b>Operational Checks</b>	<b>REPORT ALL UNSAFE CONDITIONS</b>													
<b>HORN</b> (Sounds)														
<b>STEERING</b> (No binding, no excessive play)														
<b>TRAVEL CONTROLS</b> (All speed ranges, forward/reverse, etc.)														
<b>HYDRAULIC CONTROLS</b> (Raise & lower, tilt forward & back)														
<b>BRAKES</b> (Stop truck within required distance)														
<b>PARKING BRAKE</b> (Seat, hand, foot)														
<b>POWER DISCONNECT</b> (Cuts off all electric power)														
<b>ATTACHMENTS</b> (Function properly)														
<b>EQUIPMENT WAS NOT USED ON THIS PARTICULAR DAY.</b>														
<b>OPERATOR'S INITIALS (PLEASE PRINT CLEARLY)</b>														
<b>Supervisor's Initials upon receipt: _____</b>	<b>TURN IN FORM TO SUPERVISOR WEEKLY</b>													

COMMENTS: (Items needing repair or adjustment) If more room is needed please use the back of the page.

<b>Date:</b>	<b>Issue:</b>
<b>Resolved Date:</b>	<b>Resolved By:</b>
<b>Date:</b>	<b>Issue:</b>
<b>Resolved Date:</b>	<b>Resolved By:</b>

**CAUTION:** If the equipment is found to be in need of repair or in any way unsafe, or contributes to an unsafe condition, the matter shall be reported immediately to the designated authority and the equipment shall not be operated until it has been restored to safe condition. Do not make repairs or adjustments unless specifically authorized to do so.