

# EQUIPMENT OPERATOR'S PRE-SHIFT SAFETY CHECKLIST

Note: (fill out this sheet before starting shift)

**Job:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Equipment Type and Number:** \_\_\_\_\_

**Shift No.:** \_\_\_\_\_

**CODES:**

OK  
✓

REPAIRS MADE  
0

REPAIRS REQUIRED  
x

	OK ✓	REPAIRS MADE 0	REPAIRS REQUIRED x
1. Excessive Oil or Hydro. Leaks			
2. Back Alarm			
3. Brakes: Foot			
4. Brakes: Parking			
5. Fire Extinguisher			
6. Lights			
7. Horn (Electric)			
8. Horn (Air)			
9. Windshield Wipers			
10. Glass: Windshield			
11. Glass: Door			
12. Grab-Rails			
13. Steps			
14. Safety Guards			
15. Mirrors			
16. Seat Belts			
17. Tires			
18. Steering			
19. Coolant			
20. Other:			

Remarks: (Visual inspection of machine for any other mechanical or safety defects)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURES:**

Equipment Operator: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_