

DAILY CHECKLIST FOR MOTORIZED EQUIPMENT - PROPANE

Make: _____ Equip./Ser. No.: _____ Week Beginning: _____ 20____

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

Initial the appropriate box if the check 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
MAST ASSEMBLY (no broken welds, no dents) CHAINS, CABLES, HOSES (In place) FORKS (In place, properly secured, locking pins) LEAKS (Drive unit, brakes, hydraulics) TIRES & WHEELS (Drive wheels, load wheels, casters) GUARDS (Overhead, load backrest, mast, etc.)							
SAFETY DEVICES (<u>Lights</u> , labels, seatbelt, harness, tether)							
Operational Checks							
STEERING (No binding, no excessive play) GUAGES (Operating) HORN (Sounds) POWER DISCONNECT (Cuts off all electric power)							
TRAVEL CONTROLS (All speed ranges, forward/reverse, etc.) HYDRAULIC CONTROLS (Raise & lower, tilt forward & back) BRAKES (Stop truck within required distance) PARKING BRAKE (Seat, hand, foot)							
ATTACHMENTS (Function properly)							
EQUIPMENT WAS NOT USED ON THIS PARTICULAR DAY.							
Supervisor's Initials upon receipt: _____							
Comments:							

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

Date:	Issue:
Resolved Date:	Resolved By:
Date:	Issue:
Resolved Date:	Resolved By:

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.