



DAILY/ WEEKLY PLANT INSPECTION

| | | | |
|-----------------|--|----------------------|--|
| Operators Name: | | Machine Description: | |
| Date (w/c): | | Plant No: | |
| Site Address: | | Engine Hours: | |
| | | | |

By Ticking (or striking) the boxes below you are indicating the area in question is defect free and fit for use.

| DAILY PRE-USE CHECKS | M | T | W | TH | F | S | WEEKLY CHECKS | | WEEKLY SAFETY INSPECTIONS | | |
|--|---|---|---|----|---|---|--|--|--|----------------------|--------------------|
| Check Engine Oil | | | | | | | Battery and Water Level | | ALL DEFECTS MUST BE REPORTED. Those affecting safe operation must be repaired immediately. You have a duty of care to ensure that this item of plant is safe and ready for its intended use. | | |
| Fuel level/leaks | | | | | | | Check Sprocket Chain Pins | | | | |
| Check Recommended Engine Coolant level | | | | | | | Check Bucket Teeth and Blade | | | | |
| Hydraulic Oil Level | | | | | | | Check machine clean and tidy | | | | |
| Hydraulic system leaks | | | | | | | Grease Base Machine | | | | |
| Check transmission fluid | | | | | | | Check Grease Point Functions Correctly | | | | |
| Grease Attachments | | | | | | | Tracking Mechanism Function ok | | Equipment with Machine: | | |
| Inspect Drivers Seat | | | | | | | Check for loose track plates | | Attachment | Size (if applicable) | Good working order |
| Check Windows for damage and Clean | | | | | | | Attachment and Dipper Arm Pins | | | | |
| Check and Clean Mirrors | | | | | | | Check Track Tension | | | | |
| Check Cab condition | | | | | | | Check Fan Belt | | | | |
| Check Lights and Flashers | | | | | | | Additional Comments (if no defects found-write NIL) | | | | |
| Check Safety Camera | | | | | | | | | | | |
| Check Track tension/ Tyre pressure | | | | | | | | | | | |
| Check safety Bleepers | | | | | | | | | | | |
| Check Driving Controls | | | | | | | | | | | |

| Defect Description/Actions: | | | |
|-----------------------------|--|-------|--|
| | | | |
| | | | |
| Reported to: | | Date: | |

I confirm all the above items have been checked and any defection has been reported to your Site Manager/Supervisor;

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|---------------------------------|--|
| Operators Signature: | |
| Manager/ Supervisors Signature: | |