Daily Pre-Shift Vehicle, Plant & Tool Checklist

Weekly Operator Inspection Log | OHS Act 85 of 1993, CR 2014 Reg 23 & DMR 18

Site / Project Name:	**Week Starting Date (Mon):**
Vehicle / Plant / Tool ID:	**Reg / Serial Number:**
Operator Name & Licence No:	**Start Hours / Odometer:**

INSTRUCTIONS: Mark each item before shift start: [P] = Pass / Safe | [F] = Fail / Defect (STOP & REPORT) | [N/A] = Not Applicable

Pre-Shift Inspection Checkpoint	Mon	Tue	Wed	Thu	Fri	Sat	Sun
01. Brakes, handbrake & stopping performance tested							
02. Steering, controls, hooter & reversing alarm operational							
03. Headlights, indicators, brake lights & amber strobe working							
04. Tyres (tread, pressure, wheel nuts) or tracks free of damage							
05. Mirrors, windscreen, wipers & cab visibility clean and intact							
06. Seatbelt / ROPS / operator restraint in good working order							
07. Engine oil, coolant, brake fluid & hydraulic lines (no leaks)							
08. Fire extinguisher mounted, charged & service seal intact							
09. First aid kit stocked, clean & accessible							
10. Power tool guards, cables, plugs & dead-man switches safe							
11. Lifting gear, slings, shackles & valid load-test tags verified							
12. Emergency stop buttons & warning decals clearly legible							
13. Required operator PPE inspected and worn (boots, vest, etc.)							
14. Work area / cab housekeeping clear of loose objects							
OPERATOR INITIALS							

CRITICAL DEFECTS REPORTED & CORRECTIVE ACTION TAKEN (DO NOT OPERATE UNSAFE EQUIPMENT)

Supervisor Name: _____ **Signature:** _____ **Date:** _____