|  |  |
| --- | --- |
| Project/Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Location/ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Unit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Operator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Pre-Operational Checks:**

[Note: A **√** signifies the item is OK while **X** identifies a deficiency. When a deficiency is identified, it must be brought to the attention of the Supervisor immediately and the deficiency must be corrected before the equipment is operated]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Items Checked** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** |
| **1) General** |
| * Manufacturer Operator ‘s Manual
 |  |  |  |  |  |  |  |
| * Maintenance Log
 |  |  |  |  |  |  |  |
| * Annual Inspection Certificate (current within 12 months)
 |  |  |  |  |  |  |  |
| * Operator’s Record of Training (available)
 |  |  |  |  |  |  |  |
| * Placards (legible & secure)
 |  |  |  |  |  |  |  |
| **2) Tires** |
| * Pressure
 |  |  |  |  |  |  |  |
| * Splits/ Cracks/ Tread wear
 |  |  |  |  |  |  |  |
| **3) Brakes** |
| * Working efficiently
 |  |  |  |  |  |  |  |
| * Brake Fluid Level
 |  |  |  |  |  |  |  |
| **4) Guardrails** |
| * Bent/ Cracked (defects)
 |  |  |  |  |  |  |  |
| **5) Fuel Supply (Proper Levels and Secure)** |
| * Battery (charged), Propane
 |  |  |  |  |  |  |  |
| * Fuel, water and oil levels
 |  |  |  |  |  |  |  |
| **6) Control Panel** |
| * Clearly Marked, secure, operable
 |  |  |  |  |  |  |  |
| **7) Hydraulic Lines/ Cylinders** |
| * Leaks
 |  |  |  |  |  |  |  |
| * Couplings/ Connectors secure
 |  |  |  |  |  |  |  |
| * Guards in place
 |  |  |  |  |  |  |  |
| **8) Components** |
| * Platform Floor (defects)
 |  |  |  |  |  |  |  |
| * Boom, Forks, Attachments (defects)
 |  |  |  |  |  |  |  |
| **9) Emergency Controls & Safety Equipment** |
| * Emergency Controls function correctly
 |  |  |  |  |  |  |  |
| * Safety Harness is in good condition
 |  |  |  |  |  |  |  |
|  **Operator’s Initials** |  |  |  |  |  |  |  |

**COMMENTS/ CONCERNS:**

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|  |
|  |

**CORRECTIVE ACTION TAKEN:**

|  |
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|  |
|  |

**REVIEW AND FOLLOW-UP PERFORMED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**