**Equipment Pre- and Post-trip Form** [Must be customized as per manufacturer’s instructions]

[Site Address]

|  |  |
| --- | --- |
| Unit #/Equipment: | Date: |
| Time: | Mileage: |
| Operator: | |
| Supervisor: | |

|  |  |
| --- | --- |
| Pre-Trip | Post-Trip |

NO DEFECTS FOUND  DEFECTS FOUND

|  |  |  |
| --- | --- | --- |
| 1. Visual Check of Unit- Clean, Organized, Waste Free (Note Damage Below) |  |  |
| 1. License Plate and Paperwork |  |  |
| 1. Engine Oil Level & Pressures on Gauge |  |  |
| 1. Coolant Level & Hoses, Clean of Debris from Radiator |  |  |
| 1. Fuel Level (Fill up at end of shift) |  |  |
| 1. Hydraulic Oil Level and Hoses |  |  |
| 1. Fluid Leaks & Fan Belts |  |  |
| 1. Battery Terminals/Secure/Clean |  |  |
| 1. Exhaust System |  |  |
| 1. Emergency Equipment (Fire Extinguisher) |  |  |
| 1. Mirrors & Lighting |  |  |
| 1. Seat & Seat Belt |  |  |
| 1. CAB/Doors/Windows/ROPS/Grab Handles/Steps |  |  |
| 1. Tires/Tracks/Rims |  |  |
| 1. Steering |  |  |
| 1. Backup Alarm/Horn |  |  |
| 1. Brake Operation/Park Brake |  |  |
| 1. Safety Interlocks/Shields/Devices |  |  |
| 1. Bucket/Cutting Edges/Mower Blades/Attachments |  |  |
| **Remarks and Damage Noted (if defects found, notify supervisor immediately):** | | |
| Operator Signature: | | |