**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: |