



PERSONNEL TRANSPORTER PRE-SHIFT INSPECTION SHEET

May 18, 2009

Week: From _____ To _____

Model & Manufacturer _____

Vehicle License _____

1st Day Odometer _____

NOTE: IF ITEMS (BOLD/CAPITALIZED/SHADED) ARE DEFECTIVE, THE EMPLOYEE IS REQUIRED TO TAG-OUT THE EQUIPMENT, COMPLETE THE SECTION BELOW, AND IMMEDIATELY TURN THIS FORM INTO THE COMPANY'S SAFETY DEPARTMENT.

Employee's Name

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY OTHER

I. WALK-AROUND INSPECTION

Tires

Radiator level - when cold

Engine Oil

Windshield & wipers

Fire Extinguisher *

Windows & mirrors

Fuel level

Lights (other than headlights)

HEADLIGHTS

SEAT BELTS

II. START-UP INSPECTION

Instruments (operational)

Controls marked & legible

HORN

BACK-UP ALARM **

CONTROLS

STEERING

BRAKES (MAIN)

BRAKES (PARK)

* Extinguishers required on welding/burning rigs and vehicles with only one exit.

** Back-up alarms are required where view is obstructed and all vehicles equipped with ROPS.

Mud flaps are required on dual rear-wheeled vehicles except for kalamazooos

DEFECTIVE:

IMPORTANT: Return this form to the Safety Department after completion to be kept on file for a period of no more than one year.