

DAILY SAFETY CHECKLIST

SUPERVISION

VEHICLE NUMBER: _____

DATE: _____ SHIFT: _____

MILEAGE BEGINNING OF SHIFT: _____

FUEL ADDED: _____ OIL ADDED: _____

SERVICED: _____

	OK	NEEDS ATTENTION
Steering		
Horn		
Lights		
Brakes		
Tires, Front		
Tires, Rear		
Glass		
Fire Extinguisher		
MILEAGE END OF SHIFT: _____		

Operator's Signature

Pre-Shift Inspection			Operators Equipment Inspection	
Equip. #	Equip. #	Equip. #	Equip. #	Repairs Needed
<input type="checkbox"/>	Service Brakes:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Parking Brakes:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Windows:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Fire Ext. & System:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Tires & Tracks:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Seat Belts:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Gauges / Lights:	<input type="checkbox"/>	<input type="checkbox"/>	Fuel
<input type="checkbox"/>	Engine:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Back Up Alarm:	<input type="checkbox"/>	<input type="checkbox"/>	Equip. Meter Reading
<input type="checkbox"/>	Hydraulic Lines:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Steps / Ladders:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Hand Rails:	<input type="checkbox"/>	<input type="checkbox"/>	
Date:				
Operator:			Shift:	