

ITEMS TO BE CHECKED

(Place "X" in block adjacent to items requiring Operator's inspection for the vehicle type only)

1	<input type="checkbox"/>	CLEANLINESS/DAMAGE/MISSING ITEMS (Interior/Exterior)/UNUSUAL NOISE OR OCCURRENCE (During Operation)
2	<input type="checkbox"/>	LEAKS/FLUID LEVELS (Visually check for any leaks/check oil/coolant/hydraulic/transmission/brake fluid)
3	<input type="checkbox"/>	SAFETY DEVICES (Wiring/lights/horn/warning devices/sirens/reflectors/mirrors/seat belts)
4	<input type="checkbox"/>	BATTERIES (Fluid/damage/cleanliness/security)/INSTRUMENTS/GAUGES (Operation & readings)
5	<input type="checkbox"/>	DRIVE BELTS (Fraying/cracking/tension)/PULLY/MOTOR (Air/hydraulic/electrical)
6	<input type="checkbox"/>	STEERING/SPRINGS/SHACKLES (Free play/excessive wear)
7	<input type="checkbox"/>	EXHAUST SYSTEM/SPARK ARRESTORS (Damage/leaks)
8	<input type="checkbox"/>	TIRES/ WHEELS (Lug nuts/cracks) TRACKS
9	<input type="checkbox"/>	HEATER/DEFROSTER/AIR-CONDITIONER/AUXILLIARY GENERATORS/AUXILLARY HEATERS
10	<input type="checkbox"/>	BRAKES (Servicing-Parking)/CLUTCHES (Operate)/ACCELERATOR PEDAL (Damage/worn)
11	<input type="checkbox"/>	WINDSHIELD (Wipers/washer fluid/cracks)
12	<input type="checkbox"/>	HYDRAULIC HOSES (Damage/frayed)/CYLINDERS/VALVES (Damage/leaks)
13	<input type="checkbox"/>	COLD WEATHER AIDS (Ether/alcohol injector/battery heater/oil-engine heater/coolant heater, etc.)
14	<input type="checkbox"/>	POWER TAKE-OFF (PTO)
15	<input type="checkbox"/>	WINCH/TOW CONNECTIONS
16	<input type="checkbox"/>	AIR TANKS (Drain daily or after operation)
17	<input type="checkbox"/>	MAST TINES/ROLLERIZED TINES
18	<input type="checkbox"/>	ROLLERS/POWER CONVEYORS/RAILS/LADDERS/CAT WALKS/CARGO BED
19	<input type="checkbox"/>	BED (K-LOAD) TOP/HALF/LOWEST/ROLL/SHIFT/YAW (check position)
20	<input type="checkbox"/>	LOWER LOBE CAB SHIFT (Operation)
21	<input type="checkbox"/>	EMERGENCY STAND-BY SYSTEM
22	<input type="checkbox"/>	MARKINGS-CHECK LEGIBILITY ("WATCH STEP" stencil IAW36-1-191)
23	<input type="checkbox"/>	CHUTES/AUGERS/FAN BLADES/WEAR SHOES
24	<input type="checkbox"/>	DRUMS/CROWNS/FAIR LEADS
25	<input type="checkbox"/>	BOOMS/OUTRIGGERS/BASKET/PLATFORM/TURNTABLE (Check for cracks and damage)
26	<input type="checkbox"/>	BROOMS/SPROCKETS/CHAINS
27	<input type="checkbox"/>	BLADES/REELS/SICKLE BARS/FLAILS
28	<input type="checkbox"/>	HOISTING MECHANISM/AGITATORS
29	<input type="checkbox"/>	SHEAVES/BLOCKS/CABLES
30	<input type="checkbox"/>	MOULDBOARDS/BOWLS/CUTTING EDGES/SKIDS
31	<input type="checkbox"/>	PUMPS/PIPING/DISCHARGE VALVES FOR LEAKS, CORROSION/SPARE BARS
35	<input type="checkbox"/>	HOSE/REELS/HANDLINES/TURRETS (Operation/all functions)

OPERATOR'S INSPECTION GUIDE AND TROUBLE REPORT

(For use with all Registered Vehicle Equipment except trailer with no motorized equipment)

DATE (MONTH/YEAR)

VEHICLE TYPE		EMIS NO.			
ORGANIZATION		DEPARTMENT		PHONE NO.	
VEHICLE ASSIGNED TO NAME:					
OPERATOR'S PRINTED NAME SIGNIFIES ACCOMPLISHMENT OF CHECKS <i>(First Initial, Last Name)</i>					
DAY	SHIFT/SIGNATURE	DAY	SHIFT/SIGNATURE	DAY	SHIFT/SIGNATURE
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	
				31	

