



Operator Name:				Plant Type:							
Date of Thorough Examination:				1				Front:			
			Re	Recommended Tyre PSI:				Rear:			
Machine Hours:	I			Week Ending:							
Before Use Checks			Mon	Tue	Wed	Thur	Fri	Sat	Sun	Delivery Check	
Engine oil level											
Fuel level											
Coolant level											
All mirrors for defects and 360 vision											
Tyre condition, bu											
All brakes tested											
Windscreen for da											
Exterior condition											
Horn & reversing				1							
Flashing rotary beacons working, not broken											
All lights working				1							
Seat Belt				1							
Instrument Gauges operational, not cracked						1					
Hydraulic Oil Leve				+							
Blades, bucket, ca											
Lifting gear, hydraulics and attachments.											
Fire Extinguisher											
Air conditioning											
Quick hitch, including lubrication,											
Colour reversing camera											
Lifting gear, hydraulics and attachments											
Stabilisers & RAMS operational Is the working area safe e.g. ground conditions,											
loading areas free from obstructions											
Any other comme											
Weekly Checks											
1.Battery Water Level: 2.Wheel Nut Ti			Tight	en:			3.G	rease			
I have carried out	the above chec	ks as required.									
Operators Name:		Si	Signature:								
I confirm I have carried out the repairs needed and the plant vehicle is safe to use											
Fitters Name:				Signature:							
Note: To be retained for record purposes.											
F02	. ,										