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| Inspection Date | Name of Inspecting Person (Print) | Type of Check 4 | ☐ Pre Shift Check<br>☐ Daily Check | Excavator Failings | Excavator O.K. / Unsafe |
|---|---|---|---|---|---|
| Inspection Time | Vehicle #, Make & Model | HOUR METER | | | 4 As necessary |

| ✓/X | LIGHTS | Travel lights | Control lamps | Front lights | SAFETY | Flashing beacon | Clean windows | Mirrors | Horn | LUBRICANTS | Engine oil level | Water level | Fuel level | Check auto-lube level | HYDRAULICS | Hydraulic system oil level | Condition of hoses | Leaks | TRACKS if applicable | Damage | Rollers and idlers | Tension | WHEELS if applicable | Tire Condition | Wheel nuts | Brakes | BUCKET / GRAB | Wear & Tear | Lubricate pins & bushes | Condition of cutting edges | CAB | Safety bar working | Controls working correctly | Operators seat / Seat belt |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PRE - SHIFT/DAILY CHECKS

# EXCAVATOR RECORD SLIP

Mark '✓' in Inspection Boxes if OK

Mark ' X ' in every box requiring attention

Mark ' N/A ' in every box not applicable

Signature of Inspecting Person

Position of Inspecting Person