

	Week day							Remarks	Week No:	Location & Subcontrac	
	S	S	M	Т	W	Т	F	Remarks			Daily Checklist logo
1.1									Reg. Number:	Model:	Wheelloader logo
1.2											
1.3									1. <u>Cabin</u>		
1.4									1.1 Cleanliness	2. Wa	arning Devices
1.5									1.3 Operator Restraint	1.3 Operator Restraint Provided 2.1 Horn 8. Tech	8. <u>Technical</u>
1.6									1.4 Instruments Operational & Labelled 2.2 Reverse Alarm 2.3 Flashing Amber Beacon 7 8.1 Exhaust 8.2 Engine Guarding		
1.7									1.6 Pedals in Good Cor	1.6 Pedals in Good Condition	
1.8									1.8 Rear View Mirrors		
1.9									 1.10 Operator Instruction 	1.9 Fire Extinguisher 1.10 Operator Instruction	9. Warning Signs (in cabin)
1.10									(available on plant)		9.1 SEAT BELTS MUST BE WORN'
2.1										7	9.2 'DANGER: BEWARE OVERHEAD WIRES'
2.2									3. <u>Hydraulics</u> <		
2.3								Leb-ele	3.1 Cylinders	Cylinders Toos is ton le tions (che kt.) r excessive FO 188 CU II wear, leaks and cheep)	10. Lights
3.1								CHECK	3.7 Tios is 3.3 Con lettions (checkfor a wear leaks and cheen)		10.1 Front & Tail lights
3.2									11. Who Tyres. 11.2 Brakes 11.3 Park B	- 10.2 Reversing lights	
3.3											
4.1											
4.2										11.2 Brakes	
4.3										11.3 Falk Dlake	
5.1											7. Access
6.1									4. Bucket	1	7.1 Handrails & Steps
7.1									4.1 Pivots 4.2 Connections	5. <u>Lifting</u>	6. Warning Signs (both sides)
8.1									4.3 Safety Pins (No excessive wear)	5.1 SWL if used for lifting	6.1 Crush point hazard sign
8.2									ŕ		
9.1									•	by Equipment Operator	Verification by Direct Supervisor:
9.2									Name & Signature:		Name & Signature:
10.1											
10.2									Date:		Date: Function:
11.1											
11.2									Instructions: _ Indi	cate every day with '√' if o	k· 'N' if not ok: '=' if not applicable. Initial in the last



11.3					row at the bottom every day. This checklist must be kept in the vehicle until the end of the week. After the last day (= Friday), the checklist must be signed by the Equipment Operator and verified
initial					
					by the Supervisor. The filled out form shall be filed by the relevant JV department.