

Company: _____ **Date:** [Click here to enter a date.](#)
Operator: _____ **Forest:** _____
Inspected by: _____
Model of Machine: _____ **Fleet No.:** _____ **Registration:** _____
Vehicle/Ute: _____ **Fleet No.:** _____ **Registration:** _____

Machine Type

General

Circle	Check	<input type="checkbox"/>		<input type="checkbox"/>	
Bulldozer	Lights Operative	<input type="checkbox"/>	Current WOF/COF – Due Date:	<input type="checkbox"/>	Click here to enter a date.
Excavator	Seatbelts	<input type="checkbox"/>	Current WOF/COF – Due Date:	<input type="checkbox"/>	Click here to enter a date.
Metal Truck	Brakes/handbrakes	<input type="checkbox"/>	Registration – Due Date:	<input type="checkbox"/>	Click here to enter a date.
Transporting	Steering	<input type="checkbox"/>	RUC	<input type="checkbox"/>	
Loader	Safety Frame Certified	<input type="checkbox"/>	Fire Extinguisher(s) charged:	<input type="checkbox"/>	
Grader	Hazard Device Operative	<input type="checkbox"/>	General Condition	<input type="checkbox"/>	
Roadside Trimmer	Steps/Rails	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	
Water Tanker	Exhaust Muffler	<input type="checkbox"/>	Oil Leaks	<input type="checkbox"/>	
Roadside Sprayer	Tracks/Tyres	<input type="checkbox"/>	Emergency Procedure Label	<input type="checkbox"/>	
Roller	Air conditioning	<input type="checkbox"/>	R/T appropriate channels	<input type="checkbox"/>	
Other	Windows	<input type="checkbox"/>	Fire Blanket	<input type="checkbox"/>	
Vehicle	Door Latches	<input type="checkbox"/>	Shovel	<input type="checkbox"/>	
	Battery Secured	<input type="checkbox"/>	Tow Ball/Safety Chain	<input type="checkbox"/>	
	Hydraulic Lockout	<input type="checkbox"/>	Trailer Coupling, Lights Plug	<input type="checkbox"/>	

General

Personal Protection

Incident Form/Hazard Register	<input type="checkbox"/>	Helmet Hi Viz 6 point harness	<input type="checkbox"/>
HSNO Booklet	<input type="checkbox"/>	Safety Boots	<input type="checkbox"/>
Hazard ID Current	<input type="checkbox"/>	Vest Hi Viz	<input type="checkbox"/>
Service notebook/machine notebook up-to-date	<input type="checkbox"/>	Emergency location known	<input type="checkbox"/>
All necessary fire equipment (secured)	<input type="checkbox"/>	Ear muffs	<input type="checkbox"/>
Equipment and fuel separate from passengers	<input type="checkbox"/>	Eye protection	<input type="checkbox"/>

Last service done: [Click here to enter a date.](#)

Reading now: [Click here to enter a date.](#)

Next service due: [Click here to enter a date.](#)

Items to be corrected:	Action Rating: High/Low	Person Responsible for Correction:	Date to be Completed:	Signature on Completion:

Comments:

Operator Name: _____ **Operator Signature:** _____ **Signature of Person Inspecting** _____