

ITEMS TO BE CHECKED	
<i>(Place "X" in block adjacent to items requiring Operator's inspection for the vehicle type only)</i>	
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"/> KETTLE/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
32	<input type="checkbox"/> FIREFIGHTING SPECIALIZED EQUIPMENT/SAFETY DEVICES (Axe, spanner wrench, power saw, ladder, pike trouble light, mega phone, generator, resuscitator, rescue tools, winch/Buzzers, fire extinguishers, ropes, breathing apparatus, personal alert safety system, etc)
33	<input type="checkbox"/> FIREFIGHTING SYSTEM OPERATION AND FOAM/WATER LEVELS
34	<input type="checkbox"/> AUXILLIARY FIREFIGHTING SYSTEM (Nitrogen tank pressure, agent levels, etc)
35	<input type="checkbox"/> HOSE/REELS/HANDLINES/TURRETS (Operation/all functions)
36	<input type="checkbox"/> OTHER (Specify)
37	<input type="checkbox"/> OTHER (Specify)
38	<input type="checkbox"/> OTHER (Specify)
39	<input type="checkbox"/> OTHER (Specify)

OPERATOR'S INSPECTION GUIDE AND TROUBLE REPORT					DATE (MONTH/YEAR)
<i>(For use with all Registered Vehicle Equipment except Refueling Vehicles and Equipment)</i>					
VEHICLE TYPE		REGISTRATION NO.			
ORGANIZATION		LOCATION/BASE		PHONE NO.	
VEHICLE CONTROL OFFICER NAME				PHONE NO.	
OPERATOR'S SIGNATURE 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	

OPERATOR'S MONTHLY REQUIREMENT

BEGINNING OF MONTH OPERATING MILES/HOURS				TIRE PRESSURE CHECK (Check manufacturer's manual or vehicle for applicable pressure)						
DATE: (DD/MM/YYYY)		MILES:		HOURS:		FRONT PSI:		REAR PSI:		
OPERATOR'S NAME(<i>print legibly</i>) and SIGNATURE				DATE: (DD/MM/YYYY)		OPERATOR'S NAME(<i>print legibly</i>) and SIGNATURE				DATE: (DD/MM/YYYY)

VEHICLE / EQUIPMENT DISCREPANCY AND MAINTENANCE REPORT

OPERATOR REPORT			REPORTED TO MAINTENANCE				MAINTENANCE REPORT STATUS			
ITEM NO.	DISCREPANCY	DATE DISC. (DD/MM/YY)	DATE/TIME (DD/MM/YY)	MILES/HOURS	NAME (<i>print legibly</i>)	WORK ORDER#	DATE (DD/MM/YY)	STATUS CODE	EMPLOYEE NUMBER	

STATUS CODE C = CORRECTED C-T by Temp Fix C-P by Perm Fix D = DELAYED D-P for Parts D-M for Maint. D-D for Disposition W = Waiver for Repair N = No Repairs Required