



<b>EXCAVATOR DAILY PRE-START CHECKLIST</b>
This 'Checklist' is a mandatory safety requirement and must be completed and submitted daily, prior to the operation of the excavator.
If a list item' is unsafe select 'Not OK', and in the comment field add a description of the fault; and if applicable, a photo.
Report any unsafe conditions to your supervisor immediately.
<b>Equipment Details</b>
Operator's Name: <b>DIGI CLIP mobile forms</b>
Date: <b>28-Nov-2022</b>
Excavator ID (rego or fleet No.): <b>FN713</b>
Equipment Hours:
Location:
Job or Site:
<b>Pre-Startup Checks</b>
Logbook & Operators Manual - up to date & located with the equipment: <b>OK</b>
Equipment is within its logbook service schedule: <b>OK</b>
Project Plant Inspection Label - fitted & current: <b>OK</b>
Fluid Levels - hydraulics oils water fuel: <b>OK</b>
Fluid Leaks - hydraulics oils water fuel <b>OK</b>
Machine Greased: <b>OK</b>
Pre-Cleaner/Air Cleaner: <b>OK</b>
Track Tension: <b>OK</b>
Warning/Safety Signs/Decals - visible: <b>OK</b>
Guards, Steps, & Handrails - fitted & no damage: <b>OK</b>
FOPS & ROPS - security & condition: <b>OK</b>
Cabin - clean, serviceable & no loose items: <b>OK</b>
Seat Belt: <b>OK</b>
Windows & Mirrors - fitted, clean & serviceable: <b>OK</b>
Fire Extinguishers x 2 - fitted, accessible & current/charged : <b>OK</b>
First Aid Kit - accessible & fully stocked: <b>OK</b>
Attachments - security, pins, damage and no loose or damaged parts: <b>OK</b>
<b>Post-Startup Checks</b>
Engine - starts & runs smoothly: <b>OK</b>
Instruments/Gauges, Lamps, Warning System & Flashing Lights: <b>OK</b>
GPS - function: <b>OK</b>
UHF Radio: <b>OK</b>
Lights Front & Rear: <b>OK</b>
Horn & Reversing Alarm: <b>OK</b>
Reverse Camera: <b>OK</b>
Emergency Stop (E-Stops): <b>OK</b>
Air Conditioner: <b>N/A</b>

**Operational Checks - short controlled drive**

Steering - working well with no undue noise/stress: **OK**

Steering Clutches - no excessive play: **OK**

Controls/Creep - no creep when controls are neutralised: **OK**

Are there any safety concerns with this piece of equipment not identified in this checklist? If 'Yes', please detail in the comment field below:

**No**

Inspection outcome (pass fail criteria): **Pass**

Are you 'Fit For Work'? By answering 'Yes' you are declaring you are free from the effects of alcohol and drugs, adequately rested and able to operate equipment and machinery safely.

**Yes**

'DO NOT' operate this excavator if an unsafe condition is identified!

By signing below, I am declaring that this checklist has been completed accurately and to the limits of the inspection.

Operator's Signature:



Disclaimer:

*This checklist/form is for guidance purposes only and may not cover specific requirements. Further, this checklist/form is for general information only and should not be relied upon as a substitute for professional or legal advice.*

Date: 6/8/21

Approved by:

Version: 1.0

Updated: