

# Track Dozer Operator Pre-Use Inspection

Date: \_\_\_\_\_

Unit/Identification Number: \_\_\_\_\_ Hour Meter Reading: \_\_\_\_\_ Make/Model#: \_\_\_\_\_

Operator Name (Print): \_\_\_\_\_ Operator Signature: \_\_\_\_\_

## CHECK ITEMS

✓ OK ✗ DEFECT

### Visual Inspection

<b>Air Filter:</b> Indicator	<input type="checkbox"/>
<b>Chassis:</b> Damage and/or Leaks	<input type="checkbox"/>
<b>Engine Belts:</b> Wear or Adjustment	<input type="checkbox"/>
<b>Fuel Filter:</b> Indicator and Leaks	<input type="checkbox"/>
<b>Tires:</b> No damage, excessive dirt or wear, rust, cracks, splits or separation of tires and rims.	<input type="checkbox"/>
<b>Wheels:</b> Undamaged and free from obstruction and debris. All nuts secure and in place.	<input type="checkbox"/>
<b>Energy Source:</b> • <b>Diesel:</b> Engine oil, fuel, and radiator water level correct.	<input type="checkbox"/>
<b>Operators Cab:</b> Clean or Damage	<input type="checkbox"/>
<b>Hydraulics:</b> No damage or fluid level/leaks, no splits in hoses, no leaks around fittings.	<input type="checkbox"/>
<b>Fire Extinguisher (if fitted):</b> Secure and charged.	<input type="checkbox"/>
<b>Ignition &amp; Electrical System:</b> Working correctly. All gauges and instruments visible and working.	<input type="checkbox"/>
<b>Motion Alarm and Horn:</b> Working correctly and audible.	<input type="checkbox"/>
<b>Warning Lights &amp; Lights (if fitted):</b> Working correctly.	<input type="checkbox"/>
<b>Hydraulic Controls/System:</b> Working smoothly, correctly and leaks	<input type="checkbox"/>
<b>Safety/Warning Decals:</b> legible and visible	<input type="checkbox"/>
<b>Exhaust:</b> No excessive smoke, sparks or flames.	<input type="checkbox"/>

### Defect Details:

# Workplace Inspection

Date: \_\_\_\_\_

Operator Name (Print): \_\_\_\_\_ Operator Signature: \_\_\_\_\_

## CHECK ITEMS

✓ Yes ✗ No

### Visual Inspection

Overhead Electrical or Obstructions

Grade, Slope, or Uneven Ground

Personnel Traffic (circle: light, medium, or heavy)

Unstable Ground Condition (circle: icy, muddy, or very saturated)

Unsafe Weather Condition (circle: lightening, thunder, or very windy)

Vehicle and/or Equipment Traffic (circle: light, medium, or heavy)

Above and/or Below Ground Utilities (circle: gas, water, electrical, or air)

Material(s) and/or Debris

General Comments:

EPRO  
SAFETY SOLUTIONS