

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | | **Site:** | | |
| **Machine Number:** | | **Operator Name:** | | |
| **Item to be checked by operator:** | **✓** | **🗶** | | **Fault Report** |
| Attachments |  |  | | ………………………………………………………………………  ………………………………………………………………………  ………………………………………………………………………  ………………………………………………………………………  ………………………………………………………………………  ………………………………………………………………………  ………………………………………………………………………  ………………………………………………………………………  ………………………………………………………………………  ………………………………………………………………………  ………………………………………………………………………  …………………………………………………………………………  …..Danger Tag Attached? Yes / No |
| Hydraulic Rams/Hoses/Lines |  |  | |
| Tyre Tension and Condition |  |  | |
| Cabin/ROPS/FOPS for Damage or Wear |  |  | |
| Fluid Levels: Engine oil, Hydraulic oil level, Transmission oil, Brake fluid, Coolant, Power steering fluid, Battery |  |  | |
| Decals and Signage |  |  | |
| Load capacity Plate |  |  | |
| Leaks under Vehicle |  |  | |
| Seat and Seat belts |  |  | |
| Horn and/or Backup alarm |  |  | |
| Lights |  |  | |
| Gauges and Instruments |  |  | |
| All Brakes |  |  | |
| All Controls |  |  | |
| Steering |  |  | |
|  | | | | |
| **Action Taken to Repair Excavator:** | | | | |
| …………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………… | | | | |
| Name: | | | Date of Repair: | |
|  | | | | |
| **Return to Service Authority by Supervisor** | | | | |
| Supervisor Name: | | | Comments: | |
| Signature: | | | Date: | |

**BOBCAT DAILY CHECKLIST**