













MOBILE EQUIPMENT OPERATORS PRE-OPERATION INSPECTION

VEHICLE # _____ AMT. OF FUEL _____ SHIFT _____ DATE _____

OPERATOR NAME _____ HOURS WORKED _____

NO. OF LOADS COAL _____ GOB _____ ROCK _____ SAND _____ OTHER _____ HOURMETER START OF SHIFT _____ END OF SHIFT _____

REPORT ALL FOLLOWING CONDITIONS - MARK "X" IN APPROPRIATE BOX

	SAFETY				MECHANICAL			
	OK	DEFECT	REMARKS	CORRECTED	 OK	DEFECT	REMARKS	CORRECTED
 BACKUP ALARM					OIL LEVEL 			
 HORN					WATER LEVEL			
 GLASS & WIPERS					RADIATOR			
 SEAT BELT					DIFFERENTIAL			
 LIGHTS-FRONT/REAR					TRANSMISSION			
MIRRORS					SCSR			
DOORS/LATCHES					OPERATOR COMMENTS:			
HOUSEKEEPING								
 BRAKES								
 PARKING BRAKES								
 STEERING								
 TIRES/WHEELS								
STEPS/HANDRAILS								
 FIRE EXTINGUISHER								
GUARDS								

THIS FORM MUST BE COMPLETED EACH SHIFT BY THE OPERATOR OF THE VEHICLE AND SUBMITTED TO YOUR SUPERVISOR BY THE END OF YOUR SHIFT IN COMPLIANCE WITH CFR 30 PART 77.1606-A. THE ABOVE INFORMATION IS CORRECT.

OPERATOR SIGNATURE _____ SUPERVISOR SIGNATURE _____

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