

Vehicle / Plant Pre-start Checklist

Vehicle / Plant Details

Date*: _____

Operator Name*: _____

Operator Contact Number: _____

Vehicle / Plant Type*: _____ > Options: Truck, Excavator, Forklift, Loader, Crane, Other

Vehicle / Plant ID*: _____

Odometer / Hour Meter Reading: _____

Pre-Start Inspection

Inspection Items:

| Item | Condition | Comments |
|------|-----------|----------|
| | | |
| | | |
| | | |

Options for 'Item': Lights / Indicators, Brakes, Tyres / Tracks, Fluid Levels, Emergency Stop, Horn / Alarm, Seatbelt, Mirrors, Reverse Camera, Hydraulic Hoses, Warning Lights, Other

Options for 'Condition': Pass, Fail, N/A

Defects & Corrective Actions

Defects Found

Describe Defect(s)*: (Fill only if applicable)

Corrective Action Taken: (Fill only if applicable)

Authorisation

Is Vehicle / Plant Safe to Operate?*: _____ > Options: Yes, No

Authorised By (Name)*: _____

Authorised Signature*: _____ (Sign above)

Authorisation Date*: _____

Version Authorised by Review # Date of Issue: Review Date: 1