Facilities Development and Operations

ELECTRIC CART (User)
FORK LIFT (Auto Shop/Receiving)
BOOMLIFT/TRACTOR/MOWER (Grounds)

Weekly Operator Checklist

Date ___________ Vehicle Number ___________ Hour Meter Reading ___________

Make __________________________ Model ______________________________

Department ______________________ Driver __________________________

[  ] Lubricate Chassis  [  ] Inspect Motor Mounts
[  ] Check Differential  [  ] Inspect Brakes
[  ] Check Emergency Brake  [  ] Check Steering Gear
[  ] Check Batteries  [  ] Clean and Tighten Battery Terminals
[  ] Inspect Suspension  [  ] Inspect Condition of Tires
[  ] Inspect Drive Belts  [  ] Check Lights
[  ] Check Mirrors and Horn  [  ] Warning Device – beacon lights, sound devices

[  ] forward (beacon light)
[  ] backward (sound device)

Other items specific to piece of equipment:

[  ]

[  ]

[  ]

Services Performed: _________________________________________________________
_________________________________________________________________________

Mechanic Signature ___________________________ Date: ________________