

## 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 \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Lubricate Chassis<br><input type="checkbox"/> Check Differential<br><input type="checkbox"/> Check Emergency Brake<br><input type="checkbox"/> Check Batteries<br><input type="checkbox"/> Inspect Suspension<br><input type="checkbox"/> Inspect Drive Belts<br><input type="checkbox"/> Check Mirrors and Horn | <input type="checkbox"/> Inspect Motor Mounts<br><input type="checkbox"/> Inspect Brakes<br><input type="checkbox"/> Check Steering Gear<br><input type="checkbox"/> Clean and Tighten Battery Terminals<br><input type="checkbox"/> Inspect Condition of Tires<br><input type="checkbox"/> Check Lights<br><input type="checkbox"/> Warning Device – beacon lights, sound devices<br><input type="checkbox"/> forward (beacon light)<br><input type="checkbox"/> backward (sound device) |
|---|---|

Other items specific to piece of equipment:

Services Performed: \_\_\_\_\_  
 \_\_\_\_\_

Mechanic Signature \_\_\_\_\_ Date: \_\_\_\_\_