

VNA PROPANE EQUIPMENT OPERATOR DAILY CHECKLIST



DATE	<input type="text"/>	INSPECTED BY	<input type="text"/>
MAKE	<input type="text"/>	MODEL	<input type="text"/>
		S/N#	<input type="text"/>
HOUR	<input type="text"/>	PROPANE	<input type="text"/>

MARK CIRCLE If *NO PROBLEMS* Visible. **KEEP UNMARKED** and **WRITE IN** Comment if *PROBLEMS ARE PRESENT*.

VISUAL INSPECTIONS

Write Comments

1	<input type="checkbox"/> Engine Compartment
	<input type="checkbox"/> Oil
	<input type="checkbox"/> Radiator
	<input type="checkbox"/> Air Filter
	<input type="checkbox"/> Fan Belt
2	<input type="checkbox"/> Hydraulic Oil
3	<input type="checkbox"/> Propane
	<input type="checkbox"/> Relief Valve
	<input type="checkbox"/> Feul Level
	<input type="checkbox"/> No Leaks
	<input type="checkbox"/> Safety Strap
4	<input type="checkbox"/> Overhead Guard
5	<input type="checkbox"/> Capacity Plate
6	<input type="checkbox"/> Safety Warnings
7	<input type="checkbox"/> Check Controls
	<input type="checkbox"/> Lift/Lower
	<input type="checkbox"/> Tilt
	<input type="checkbox"/> Side Shift
	<input type="checkbox"/> Pivot
	<input type="checkbox"/> Directional Switch
	<input type="checkbox"/> Speed Selection Switch
	<input type="checkbox"/> Attachment Switch
8	<input type="checkbox"/> Dash Display
9	<input type="checkbox"/> Hydraulic Cylinders
10	<input type="checkbox"/> Forks, Retaining Pin & Heel
11	<input type="checkbox"/> Static Straps
12	<input type="checkbox"/> Front Tires
13	<input type="checkbox"/> Rear Tires

OPERATIONAL INSPECTIONS

Write Comments

A	<input type="checkbox"/> Investigate Unusual Noises
B	<input type="checkbox"/> Check Parking Brake
C	<input type="checkbox"/> Check Service Brake
D	<input type="checkbox"/> Check Pivot Arm Racking
E	<input type="checkbox"/> Check Mast Racking
F	<input type="checkbox"/> Check Accelerator
G	<input type="checkbox"/> Check Return-to-Neutral
H	<input type="checkbox"/> Check Seat Switch
I	<input type="checkbox"/> Check Horn
J	<input type="checkbox"/> Check Lights & Alarms
K	<input type="checkbox"/> Check Steering
L	<input type="checkbox"/> Check Seat Lumbar Side & Pivot
M	<input type="checkbox"/> Check Seat Belt, Buckle & Retractors

SIGNATURE: _____



WARNING: All parts and items which may need inspecting are not reflected in this worksheet. Operators are responsible for guaranteeing that the equipment is in proper working condition and in conformance with specifications. If any problems are found - DO NOT operate the equipment and immediately notify supervisor or manager.



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