



DOZER CHECKLIST

To Be Completed by a trained operator.

Make: _____ Model: _____ REGO/NO: _____

WARNING! Do not operate machine if not safe to operate! If ANY are ticked N for NON-COMPLIANT, Tag out machine and refer this sheet to

Visual check of the Dozer	Conducted with the engine off.	Y N
Data plate	Readable	<input type="checkbox"/> <input type="checkbox"/>
Warning decals	Readable	<input type="checkbox"/> <input type="checkbox"/>
Hydraulic Lift/Tilt Rams	Lubricated & No Damage	<input type="checkbox"/> <input type="checkbox"/>
Hydraulics	No Leaks or Damage	<input type="checkbox"/> <input type="checkbox"/>
Seat and Seat Belt	Good Condition & Functional	<input type="checkbox"/> <input type="checkbox"/>
FOPS & ROPS	Secure & Good Condition	<input type="checkbox"/> <input type="checkbox"/>
Track Frame	Covers, Cracks, Damage	<input type="checkbox"/> <input type="checkbox"/>
Tracks	Good Condition & Tension	<input type="checkbox"/> <input type="checkbox"/>
Track Rollers & Carriers	Condition, Wears, Cracks and Leaks	<input type="checkbox"/> <input type="checkbox"/>
Fluid Leaks	No Fluid Leaks under Machine	<input type="checkbox"/> <input type="checkbox"/>
Fuel	Level enough for the day	<input type="checkbox"/> <input type="checkbox"/>
Engine Oil	Level Correct	<input type="checkbox"/> <input type="checkbox"/>
Transmission Oil	Level Correct	<input type="checkbox"/> <input type="checkbox"/>
Hydraulic Oil	Level Correct	<input type="checkbox"/> <input type="checkbox"/>
Coolant	Level Correct for Temperature	<input type="checkbox"/> <input type="checkbox"/>
Battery	Bracket & Terminals Secure & Clean	<input type="checkbox"/> <input type="checkbox"/>
Battery Electrolyte	Levels Correct & Caps in place	<input type="checkbox"/> <input type="checkbox"/>
Start Engine	Runs & Smoothness	<input type="checkbox"/> <input type="checkbox"/>

Function Checks	Conducted with the engine running	Y N
Horn	Operation & volume	<input type="checkbox"/> <input type="checkbox"/>
Lift/Tilt	Lift/Tilts full travel.	<input type="checkbox"/> <input type="checkbox"/>
Rippers	Operates Attachment.	<input type="checkbox"/> <input type="checkbox"/>
Moving Parts	No unusual noise	<input type="checkbox"/> <input type="checkbox"/>
Hand Controls	All controls operate correctly	<input type="checkbox"/> <input type="checkbox"/>
Foot Pedals	Not fouled. Clean. Operate Correctly.	<input type="checkbox"/> <input type="checkbox"/>
Control Panel	Lights/Gauges/Warning indicators	<input type="checkbox"/> <input type="checkbox"/>
Reversing Beeper	Operates in Reverse	<input type="checkbox"/> <input type="checkbox"/>
Lights	Work/Spot/Driving	<input type="checkbox"/> <input type="checkbox"/>
Rotating Beacon	Rotates & Visible	<input type="checkbox"/> <input type="checkbox"/>
Park Brake	Hold Machine on incline.	<input type="checkbox"/> <input type="checkbox"/>
Hydraulic Lockout.	Locks controls & Hydraulics.	<input type="checkbox"/> <input type="checkbox"/>
Driving Inspection	Conducted driving in circle/figure 8	Y N
Steering	Steers well. No undue noise/stress	<input type="checkbox"/> <input type="checkbox"/>
Steering Clutches (if fitted)	No Excessive Play	<input type="checkbox"/> <input type="checkbox"/>
Creep	No creeping when controls neutralized.	<input type="checkbox"/> <input type="checkbox"/>
Model-Specific Checks	Cross out if not applicable	Y N
Attachment Security	Attachment Secure & Pins Secure	<input type="checkbox"/> <input type="checkbox"/>
Attachment Damage	Attachment not damaged	<input type="checkbox"/> <input type="checkbox"/>
Ground-Engaging Surface	Ripper boots/Cutting edge/loose/worn.	<input type="checkbox"/> <input type="checkbox"/>

Faults Identified: _____

Maintenance Required/Administered: _____

Operator/Inspector Name: _____ Signature: _____ Date: _____ Hours: Start: _____

Finish: _____