



# TRACTORCHECKLIST

To Be Completed by a trained Operator.

Tractor Make & Model: \_\_\_\_\_

REGO/No.: \_\_\_\_\_

## Visual checks

Conducted with the engine off.

		Y	N
Warning decals	Readable	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Leaks	No Fluid Leaks under Machine	<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"/>
Brake fluid	Level Correct	<input type="checkbox"/>	<input type="checkbox"/>
Coolant	Level Correct for Temperature	<input type="checkbox"/>	<input type="checkbox"/>
Radiator & Grille	Clean of Debris	<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"/>
Tyres	Inflation Correct & No Damage.	<input type="checkbox"/>	<input type="checkbox"/>
Wheels	No cracks. Nuts & Studs Secure	<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"/>
PTO Guards (On tractor & Shaft)	Secure & Good Condition	<input type="checkbox"/>	<input type="checkbox"/>
Horn (use before starting)	Operation & Volume	<input type="checkbox"/>	<input type="checkbox"/>
ROPS / FOPS	Secure	<input type="checkbox"/>	<input type="checkbox"/>

## Function Checks

Conducted with the engine running

	Y	N
Moving Parts	<input type="checkbox"/>	<input type="checkbox"/>
Controls	<input type="checkbox"/>	<input type="checkbox"/>
Reversing Beeper	<input type="checkbox"/>	<input type="checkbox"/>
Rotating Beacon	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>

## Driving Inspection

Conducted while moving slowly

	Y	N
Steering	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>
Handbrake functioning	<input type="checkbox"/>	<input type="checkbox"/>
Brake Test	<input type="checkbox"/>	<input type="checkbox"/>
Steering Brakes	<input type="checkbox"/>	<input type="checkbox"/>

## Other Checks

Cross out if not applicable

	Y	N
Fuel	<input type="checkbox"/>	<input type="checkbox"/>
Attachment Security	<input type="checkbox"/>	<input type="checkbox"/>
Attachment Damage	<input type="checkbox"/>	<input type="checkbox"/>

**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 supervisor to ensure repairs are carried out!**

Faults Identified: \_\_\_\_\_

Maintenance Required/Administered: \_\_\_\_\_

Operator/Inspector Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hours/Odometer: \_\_\_\_\_