Text

Description automatically generated

**Driver name**

**………………………………………….**

**University email……………………..**

**Vehicle registration**

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**Week commencing**

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**Daily Telehandler/ Loading Shovel defect check sheet**

**(THIS CHECK MUST BE CARRIED OUT AND COMPLETED BY THE DRIVER PRIOR TO DAILY FIRST USE, TO ENSURE THAT THE TELEHANDLER/ LOADING SHOVEL IS SAFE AND ROADWORTHY. A TELEHANDLER/ LOADING SHOVEL MUST NOT BE DRIVEN IF IT IS UNSAFE OR UNROADWORTHY)**

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|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Start odometer (Miles/KM/Hours)** |  |  |  |  |  |  |  |
| **End odometer (Miles/KM/Hours)** |  |  |  |  |  |  |  |

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| Satisfactory (✔) Unsatisfactory and requires attention (**R**) Not applicable (**N/A**) |  |  |  |  |  |  |  |
| **SECTION A** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Driver**- Fit and well, with full valid driving licence and trained to use vehicle |  |  |  |  |  |  |  |
| **Engine oil, coolant & screenwash**- Levels checked and are correct- check for leaks |  |  |  |  |  |  |  |
| **Brake, hydraulic & power steering fluid**- Levels checked and are correct- check for leaks, particularly on hoses and connections |  |  |  |  |  |  |  |
| **Fuel**- Sufficient fuel for the journey, fuel cap secure and no fuel leaks |  |  |  |  |  |  |  |
| **Battery**- Check condition, secure with clean connections |  |  |  |  |  |  |  |
| **Reflectors, lenses and numberplates**- Undamaged, clean and clearly visible |  |  |  |  |  |  |  |
| **Body and wheel arches**- Undamaged, secure and no sharp edges |  |  |  |  |  |  |  |
| **Tyres**- Inflated correctly, with legal tread depth, undamaged, no bulges or cords showing |  |  |  |  |  |  |  |
| **Wheel security**- Secure and undamaged, no excessive damage to the wheel rim |  |  |  |  |  |  |  |
| **Doors**- Open and close correctly, all doors are secure when closed |  |  |  |  |  |  |  |
| **Footstep and handrail**- Clean, operational and secure |  |  |  |  |  |  |  |
| **Telehandler cab**- Clean and no loose objects |  |  |  |  |  |  |  |
| **Seat and head restraint**- Secure and positioned correctly |  |  |  |  |  |  |  |
| **Seat belt**- Serviceable, undamaged and operating correctly |  |  |  |  |  |  |  |
| **Dashboard**- Operating correctly, no engine management or warning light on dashboard |  |  |  |  |  |  |  |
| **Horn and reversing alarm (if fitted)**- Works fully when operated |  |  |  |  |  |  |  |

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| **SECTION A** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Wipers & washers**- Wipers & washer jets when operated, clear the whole screen fully |  |  |  |  |  |  |  |
| **Windows**- Undamaged, unobscured, allows full visibility for the driver. |  |  |  |  |  |  |  |
| **Mirrors**- Undamaged, positioned correctly, unobscured, allows full visibility for the driver |  |  |  |  |  |  |  |
| **All lights and indicators**- Operating correctly and beacons (if applicable) |  |  |  |  |  |  |  |
| **Brakes**- Foot and hand brake (parking brake) operate correctly with no excess travel |  |  |  |  |  |  |  |
| **Steering**- No excessive play and functioning smoothly. |  |  |  |  |  |  |  |
| **PTO and engine cut off**- Operational and functioning correctly |  |  |  |  |  |  |  |
| **Auto lube/ Grease points**- Check and grease all points accordingly |  |  |  |  |  |  |  |
| **Boom and forks/ bucket**- Operational and functioning correctly (no excessive wear) |  |  |  |  |  |  |  |
| **Lifting accessories**- Slings/ ropes/ chains in good working order |  |  |  |  |  |  |  |
| **Smoke emissions and exhaust**- Good condition, no excessive smoke coming out |  |  |  |  |  |  |  |
| **Warnings signs (SWL and Height)**- Clearly visible and in good condition |  |  |  |  |  |  |  |
| **First aid kit**- Present in vehicle (if issued) |  |  |  |  |  |  |  |
| **Fire extinguisher**- Correct pressure (green on gauge) and pins in place (if issued) |  |  |  |  |  |  |  |

By signing the below, I confirm that I have performed all the above checks thoroughly and correctly in section A, that are relevant to the telehandler/ Loading shovel. If a defect is identified in section A or throughout the working day, it must be noted in Section B and reported to my line manager.

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|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Driver signature** |  |  |  |  |  |  |  |

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| **SECTION B – List any deficiencies/ defect below (to be reported to line manager)** |
| Reported to……………………………………………………………………………………………………………………Date and time……………………………………………………. |
| **SECTION C-Action taken to rectify deficiencies/ defect by line manager** |
| Line manager signature……………………………………………………………………………………………………..Date and time…………………………………………………….. |