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| **PLANT DETAILS** | | | |
| Plant Owner: | Address: | | Ph: |
| Plant Make: | Plant Model: | Plant Serial No: | Hours / KM’s: |
| Roads Reg No: | Reg Expiry: | Project Registration No: | Project Asset No: |
| Last Service Date / Hrs: | Next service Date / Hrs: |  |  |
| **MINIMUM REQUIREMENTS (If the minimum requirements are not met, a plant sticker will not be issued and the item of plant is not to commence work)** | | | |

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| **Verify** | **Check** | **Requirement** | **Verify** | **Check** | **Requirement** |
|  |  | Operator and Maintenance Manual available |  |  | Plant Hazard Assessment Sighted & Current (within 2 yrs): |
|  |  | Logbook / Service Records (checked ok): |  |  | Plant Hazard Assessment Inspection Date: / / |

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| **Verify** | **Check** | **Cabin** |
|  |  | Cleanliness |
|  |  | Door operational |
|  |  | Deadman Pedal /Switch operational |
|  |  | Handrails and ladders fitted and secure |
|  |  | Seat – adjustments operational secure |
|  |  | Seat belt fitted and in good working order |
|  |  | Instruments operational & labelled |
|  |  | Levers / Controls Operational |
|  |  | Pedals in good condition |
|  |  | Air conditioning operational |
|  |  | Wipers / Washers operational if fitted |
|  |  | ROPs and FOPs Canopy to meet AS 2294 |
|  |  | UHF Radio Fitted (If not fitted, has a hand held radio been supplied) |
|  |  | Warning devices and other lights (flashing, head, tail, etc) are appropriate for the environment in which plant is being used. (check environment noise criteria particularly if working out of hours) |
|  |  | Windows not damaged |
|  |  | Load indicator SWL / crane chart |
|  |  | Warning Signs - SEAT BELT MUST BE WORN |
|  |  | Warning Signs - DANGER – BEWARE OVERHEAD WIRES |
| **Verify** | **Check** | **Hitch Control** |
|  |  | Quick hitch |
|  |  | Safety pins (Where applicable) |
|  |  | Attachments meet the OEM spec’s |

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| **Verify** | **Check** | **Environmental** |
|  |  | Clean, free of organic materials (mud, dirt, weeds or seeds) prior to arrival |
|  |  | Engine baffling or noise reduction equipment fitted as per manufacturers specifications |
|  |  | Smoke from internal combustion engines should not be visible for more than ten seconds |
| **Verify** | **Check** | **Forklift tines** |
|  |  | Certified and jib |
|  |  | Tines not bent are damaged |
|  |  | Load cell operational and machine cuts-out when overloaded |

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| **Verify** | **Check** | **Steering** |
|  |  | Unions |
|  |  | Pivots |
|  |  | Connecting Rods |
|  |  | Steering Linkages / Rams |
| **Verify** | **Check** | **Hydraulics System** |
|  |  | Rams |
|  |  | Hoses / Connectors |
|  |  | Pins / Mounting |
|  |  | (check for excessive wear, leaks and creep) |
| **Verify** | **Check** | **Engine** |
|  |  | Engine Mountings |
|  |  | Engine Guarding |
|  |  | Exhaust Guarding |
|  |  | Oil Leaks/levels checked |
|  |  | Coolant Leaks/levels checked |
|  |  | Coolant System/ levels checked |
|  |  | Vee Belt Condition |
|  |  | Air Cleaner System |
|  |  | Battery Condition / Mounting |
|  |  | Engine Mountings |
| **Verify** | **Check** | **Running Controls** |
|  |  | Wheels undamaged |
|  |  | Park brake operational |
|  |  | Drivers free from leaks |
|  |  | Stable jacks operational when fitted. |

**Instructions: Verify Box to be ticked by Owner / Supplier / Operator prior to arrival onsite. Check Box to be ticked after visual inspection by the project**



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| **TYRES – Record Tread Depth (if required)** | | | |
| POS 1 (LF) | \_\_\_\_mm | POS 2 (RF) | \_\_\_\_mm |
| POS 3 (LM) | \_\_\_\_mm | POS 4 (RM) | \_\_\_\_mm |



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| **PLANT OWNER / OCCUPIER** | **PLANT VERIFIER** |
| I certify that the described plant has met the inspection criteria stipulated within this checklist and is being serviced and maintained in accordance with the manufacturer’s specifications | I certify that I have verified that the described plant has met the inspection criteria stipulated within this checklist and is being serviced and maintained in accordance with the manufacturer’s specifications |
| Name: Signature: Date: | Name: Signature: Date: |

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