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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: / /  |
|  |  | Audible Alarm and other Warning Devices fitted, operable and suitable for site conditions |  |  | Daily Prestart Inspection Checklist is available for use. |
|  |  | Fire Extinguisher Fitted and charged |  |  |  |

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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 |
|  |  | 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) |
|  |  | ROPs Canopy to meet AS 2294 |
|  |  | Cabin water / air controls operational |
|  |  | Pedals in good condition |
|  |  | Air conditioning operational |
|  |  | Wipers / Washers operational |
|  |  | Rear View Mirrors |
|  |  | Windows not damaged |
|  |  | Warning Signs - Seat belt must be worn  |
| **Verify** | **Check** | **Water Tank** |
|  |  | Tank mounts secure |
|  |  | Access points hand rails and steps fitted and secured |
|  |  | Hoses / Piping secure |
|  |  | Baffles fitted |
|  |  | Signage e.g. Water Tank - Do use for drinking |

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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 |

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| **Verify** | **Check** | **Air / Water System** |
|  |  | Spray Valves |
|  |  | Pump operational |
|  |  | Hoses secure and not leaking |
|  |  | Connections |
|  |  | Dribble bar mounting |
|  |  | Cannon secure and operational |
| **Verify** | **Check** | **Engine** |
|  |  | Engine Mountings |
|  |  | Engine Guarding |
|  |  | Exhaust Guarding |
|  |  | Oil Leaks |
|  |  | Coolant Leaks |
|  |  | Coolant System |
|  |  | Vee Belt Condition |
|  |  | Air Cleaner System |
|  |  | Battery Condition / Mounting |
| **Verify** | **Check** | **Running Gear** |
|  |  | Tyres / Wheels undamaged |
|  |  | Brakes are operational |
|  |  | Park brake is operational |

**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 (LF2) | \_\_\_\_mm | POS 4 (RF2) | \_\_\_\_mm |
| POS 5 (LR3) | \_\_\_\_mm | POS 6 (RR3) | \_\_\_\_mm |
| POS 7 (LR4) | \_\_\_\_mm | POS 8 (RR4) | \_\_\_\_mm |
| POS 9 (LR5) | \_\_\_\_mm | POS 10 (RR5) | \_\_\_\_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: |