



LOADER CHECKLIST

To Be Completed by a trained operator.

Make: _____ Model: _____ REGO/NO: _____

Loader Lifting Capacity: _____

Visual check of the machine		Conducted with the engine off.		Y	N
Data plate/Load rating plate	Fitted & Readable	<input type="checkbox"/>	<input type="checkbox"/>		
Warning decals	Readable	<input type="checkbox"/>	<input type="checkbox"/>		
Lift Arms	Lubricated & No Damage	<input type="checkbox"/>	<input type="checkbox"/>		
Bucket Pins/Pivots	Lubricated, clips/keepers, No damage.	<input type="checkbox"/>	<input type="checkbox"/>		
Hydraulics	No Leaks or Damage	<input type="checkbox"/>	<input type="checkbox"/>		
ROPS/FOPS	Secure & Good Condition	<input type="checkbox"/>	<input type="checkbox"/>		
Wheels	No cracks. Nuts & Studs Secure	<input type="checkbox"/>	<input type="checkbox"/>		
Tyres	Inflation Correct & No Damage. PSI: __	<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"/>		
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"/>		
Seat and Seat Belt	Good Condition & Functional	<input type="checkbox"/>	<input type="checkbox"/>		
Horn	Operation & Volume	<input type="checkbox"/>	<input type="checkbox"/>		
Cleanliness	Windows, Cab, Pedals & controls.	<input type="checkbox"/>	<input type="checkbox"/>		

Function Checks		Conducted with the engine running		Y	N
Lift Arms	Extends to full height	<input type="checkbox"/>	<input type="checkbox"/>		
Tilt/Crowd	Tilts and Crowds to full travel.	<input type="checkbox"/>	<input type="checkbox"/>		
Auxiliary Hydraulics	Operates Attachment i.e. 4-in-1 bucket.	<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"/>		
Reversing Beeper	Operates in Reverse	<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 (if fitted)	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"/>		
Creep	No creeping when controls neutralized.	<input type="checkbox"/>	<input type="checkbox"/>		
Model-Specific Checks		Cross out if not applicable		Y	N
Gas/Fuel/Battery Charge	Sufficient for the days work	<input type="checkbox"/>	<input type="checkbox"/>		
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	Teeth/blade not damaged/loose/worn.	<input type="checkbox"/>	<input type="checkbox"/>		

Faults Identified: _____

Maintenance Required/Administered: _____

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

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!