



SCRAPER CHECKLIST

To Be Completed by a trained operator.

Make: _____ Model: _____ REGO/NO: _____

WARNING! Do not operate machine if not safe to operate!

If ANY are ticked N for NON-COMPLIANT, Tag out machine and report to supervisor to ensure repairs are carried out!

Visual check

	Conducted with the engine off.	Y/N
Data plate	Readable	<input type="checkbox"/> <input type="checkbox"/>
Warning decals	Readable	<input type="checkbox"/> <input type="checkbox"/>
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	Condition/ Correct Pressure.	<input type="checkbox"/> <input type="checkbox"/>
Fluid Leaks	No Fluid Leaks under Machine	<input type="checkbox"/> <input type="checkbox"/>
Fuel	Level enough for day	<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	<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"/>
Engine	Starts/Runs smooth	<input type="checkbox"/> <input type="checkbox"/>
A/C	Operation	<input type="checkbox"/> <input type="checkbox"/>

Function Checks

	Conducted with the engine running	Y/N
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/ Operate Correctly	<input type="checkbox"/> <input type="checkbox"/>
Control Panel	Lights/Gauges/Warning Indicators	<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"/>
Lights	Driving/Working/Spot lights	<input type="checkbox"/> <input type="checkbox"/>
Indicators	Working/Damage	<input type="checkbox"/> <input type="checkbox"/>
Park Brake	Hold Machine on incline	<input type="checkbox"/> <input type="checkbox"/>
Air System	Builds up/Holds pressure	<input type="checkbox"/> <input type="checkbox"/>
Hydraulic Lockout	Locks controls & Hydraulics	<input type="checkbox"/> <input type="checkbox"/>

Driving Inspection

	Conducted driving test	Y/N
Steering	Smooth Operation/Even Control	<input type="checkbox"/> <input type="checkbox"/>
Brakes	Smooth operation/Working correctly.	<input type="checkbox"/> <input type="checkbox"/>

Model-Specific Checks

	Cross out if not applicable	Y/N
Rear Engine	Starts/Runs/Smooth Operation	<input type="checkbox"/> <input type="checkbox"/>
Elevator	Flights/Chains/Drive motor/Sprocket.	<input type="checkbox"/> <input type="checkbox"/>
Apron/Ejector	Operation/Lubricated/Adjusted	<input type="checkbox"/> <input type="checkbox"/>
Bowl	Damage/Cutting Edges.	<input type="checkbox"/> <input type="checkbox"/>
Suspension	Operating/Correct adjustment	<input type="checkbox"/> <input type="checkbox"/>
Radio/Communication	Radio checks	<input type="checkbox"/> <input type="checkbox"/>

Faults Identified: _____

Maintenance Required/Administered: _____

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

Finish: _____