



## MULCHER PRE-DELIVERY INSPECTION & CHECKLIST

**CF-S-90**

**Project / Location:** \_\_\_\_\_ **Subcontractor:** \_\_\_\_\_

**Unit No.:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Note: Checklist must be SIGNED and sent to the Strike Superintendent at least (1) day prior to Site Access**

**OK** – Acceptable      **RA** - Requires Attention (Safe to Use)      **UA** – Unacceptable (Not safe to use)      **NA** - Not Applicable

General	OK	RA	UA	NA	Comments
<b>EXTERIOR OF THE CAB</b>					
Structural Integrity (Damages & Deformations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roll-Over-Protection System (ROPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows / Mirrors (Clean & Free of Cracks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machine Guards and Covers (Inc. Windows)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting Systems (Work Lights & Warning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Audible Systems (Back Up Alarm & Horn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signage (Warning Decals & Safe Distance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machine Cleanliness (Excessive Mud / Dirt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manufacturer Designed Components in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic Lockout System (Lockout Arm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spill Kit (Stocked & Clean)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher (Charged & Secured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Re-Certification Due:
<b>ENGINE AND DRIVETRAIN</b>					
Fluid Systems (Oil / Coolant / Hydraulic / Fuel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic Cylinders & Hose Condition (Leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tracks / Tires (Tight, Clean & Intact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Final Drives, Idlers, Carrier Rollers (Leaks / Wear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical System (Batteries & Wire Connections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Engine Compartment (Dirt Build Up, Leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Date of Last Service / Full Inspection:</b>					
<b>INSIDE THE CAB</b>					
Instrument Panel & Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operator's Manual in Place and Accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Backup Camera / Proximity System (Clean & Operational)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic Kill Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date Tested:
Positive Air Shut Off (PASO) Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date Tested:
Seat and Seatbelt (Adjustment & Wear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ADMINISTRATIVE</b>					
Operator Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of Competency:
Safe Work / Job Procedure (Subcontractor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of Last Review:
Other Concerns / Comments:					

**Inspected by:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_