Telehandler Weekly Checklist

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Vehicle Type & Reg. No:** | |  | **Operator:** | |  | | | | | **Site:** | |  | | | | |
| **Week ending:** | |  | **Hours Run** | |  | | | | |
|  | **Serial Number:** | | |  | |  |  |  |  | |  | |  |  |  |  |
|  | **Tip Skip Weekly Checks** | | |  | |  |  |  |  | |  | |  |  |  |  |
| **1** | **Skip & Carriage for damage and deformity** | | |  | |  |  |  |  | |  | |  |  |  |  |
| **2** | **Fork Carriage & pockets for damage and deformity** | | |  | |  |  |  |  | |  | |  |  |  |  |
| **3** | **Security chains attached and not damaged** | | |  | |  |  |  |  | |  | |  |  |  |  |
| **4** | **Operating handle damaged/deformity & correct operation** | | |  | |  |  |  |  | |  | |  |  |  |  |
| **5** | **Safety handle ring for splits and damage** | | |  | |  |  |  |  | |  | |  |  |  |  |

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|  | **Item** |  | **Comments/Remarks** |
| **1** | **The Red folder is up to date** |  |  |
|  | 1. **Daily operators Checklist sheet** | □ |
|  | 1. **Inspections/maintenance records by contract fitters** | □ |
| **2** | **The following equipment is secured and serviceable** |  |
|  | 1. **Fire Extinguisher & Air Horn (fire Alarm)** | □ |
|  | 1. **Compressor Ser No\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | □ |
|  | 1. **Tyre pressure gauge** | □ |
|  | 1. **First Aid Kit** | □ |
|  | 1. **Tip skip extension/operating handle** | □ |
| **3** | **The following attachments are serviceable** | □ |
|  | 1. **Fork extensions Ser No \_\_\_\_\_\_\_\_\_\_\_\_\_** | □ |
|  | 1. **Crane jib attachment (check sheet require) Ser No \_\_\_\_\_\_\_\_\_\_\_\_\_** | □ |
|  | 1. **Other Ser No \_\_\_\_\_\_\_\_\_\_\_\_\_** | □ |
| **4** | **All driver related service checks and operations (Greasing routine etc) have been carried out in accordance with the manufacturers guidance** |  | **Brief description of service checks carried out.** |

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| **General Comments and Faults** | | | | | |
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| Operators Name: |  | Site Managers Name |  | Actions agreed by Construction Direct |  |
| Signature:Date: |  | Signature:Date: |  | Signature:Date: |  |
|  |  |  |

###### REPORT ALL DEFECTS IMMEDIATELY TO YOUR SUPERVISOR