


Landfill & Yellow Iron

Form # 129.PM

 **Heavy Duty Vehicle Inspection**
 Preventive maintenance is a requirement of WCA and Sec. 396.3 of the Federal Motor Carriers Safety Regulation Handbook

Your Logo Here

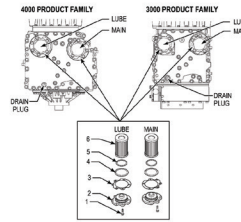
Unit #	Date
C PM - 1350 Hours	Engine Hours
D PM - 2700 Hours	Repair Order #
E PM - 4500 Hours	

Status: Check is completed or OK X is unsatisfactory N/A does not apply to specific truck

Install Wheel Checks- Install Battery Lockout/Tag out - Remove Key from Ignition- Follow Local Written LO/TO Plan

CHECK	DESCRIPTION	LEVEL	STATUS
C PM 1350 HOURS			
ENGINE			
1	Pressure wash engine and transmission	C	
2	Drain sediment traps for fuel tanks	C	
TRANSMISSION			
3	Check and record Allison transmission fault codes using key pad, if any logged - record and repair as needed	C	
4	Check cooler lines, hoses, and external filters for leaks, damage and routing	C	
5	Check mounting hardware, nuts, bolts, clamps for proper torque and signs of looseness	C	
6	Check electrical harnesses and connectors for proper routing, wear, condition and looseness	C	
7	Inspect transmission breather vent for dirt and contamination, clean as needed	C	
8	Check transmission fluid level and take oil sample (automatic transmissions)	C	
FRONT SUSPENSION			
9	Raise front of vehicle and support - re-torque suspension mounts and U-bolts to OEM specifications	C	
10	Re-torque steering box mounting bolts and steering shaft pinch bolts	C	
11	Check front shocks for mounting and condition, inspect for leaks	C	
12	Lower front end and check front toe - in record and adjust if needed _____ toe-in, check OEM specifications	C	
CAC / AIR INDUCTION			
13	Inspect all air induction hoses and piping for proper installation, mounting, security, and routing - remove inlet and outlet hoses and test charge air cooler for leaks	C	
14	Inspect turbo mounting, security, and for leaks remove air inlet from front of turbo, inspect turbo fins for damage, shaft end play and signs of shaft leakage	C	
HYDRAULICS			
15	Inspect for leaks around hydraulic tank, check for proper mounting and security - replace hydraulic return filter and high pressure filter, take sample, check and refill system	C	
16	Hook up hydraulic filter buggy and filter hydraulic oil - tool (use Parker model 10M405A-10C or equivalent)	C	
17	Operate hydraulic system check all functions for proper operation - test hydraulic pressure main relief and record PSI _____ / note: if tandem pump, check both sections	C	
18	Test hydraulic over speed controls are operating properly - HOC, EOS, etc., ensure the pump cuts out at high RPM	C	
DIFFERENTIAL / TELMA / DRIVELINE RETARDERS (if equipped)			
19	Check proper operation of Telma on test drive - check dashboard warning lights and indicators, observe foot control and low speed cut off, note: check to see if any ABS faults are present	C	
20	Check Telma focal and driveline mount for abnormal end play and/or air gap	C	
21	Check for u-joint mounting and condition, check driveline fastener tightness	C	
22	Check condition of rubber mounts, security of brackets and bracing	C	
23	On focal mount unit check for pinion seal leakage	C	
24	Check electrical harness connections, mounting and routing	C	
CNG / LNG			
25	Test all leak detection sensors for proper operation in cab and external mount (currently a California requirement)	C	
26	Check condition of ignition system with laptop	C	
D PM 2700 HOURS			
TRANSMISSION			
	Allison WT/HT series transmissions, DO NOT DRAIN completely at this time, Replace main and lube filters using high capacity filters only - follow torque spec chart and procedures (DO NOT USE AIR TOOLS) for removal and/or installation. Sample transmission fluid - top off oil with Allison approved synthetic ATF - High Capacity Filters (2in pan P# 29548987) (4in pan P# 29548988)	D	

www.NorthStarForms.com



NOTE: Torque all filter cover retaining bolts to 51-61 Nm (38-45 ft lb)
 NOTE: Main and Lube Filter designators cast into bottom of Control Module

CHECK	DESCRIPTION	LEVEL	STATUS
AIR SYSTEM			
28	Service or replace air dryer assembly - if unit is rebuilt the following parts must be replaced - desiccant, purge valve and heater	D	
29	Test air compressor cutout, air dryer purge and air recovery to mfg. specification	D	
30	Remove both ends of compressor hot line and check for carbon and plugging, check for signs of excessive oil	D	
CHARGE AIR COOLER/AIR INDUCTION			
31	Remove and clean CAC, clean debris from radiator and AC condenser while off, check hoses and belts	D	
32	Remove AC evaporator cover and clean radiator fins, replace evaporator cab filter if applicable	D	
ENGINE			
33	Valve adjustment - overheads must be adjusted specifically to OEM specifications, determine exact adjustment interval and adjust as needed, note: some OEM's require an annual adjustment, ensure completion for optimum engine performance/fuel economy	D	
34	Replace valve cover breather filter (ISL), clean oil draft tube all others	D	
35	Connect laptop and check for engine fault codes	D	
36	Test engine block heater and wiring to heater	D	
37	Test exhaust emissions - opacity test - record results (if state requirement)	D	
EXHAUST SYSTEMS			
38	Check for DPF warning light operation - key on engine off	D	
39	Check diesel particulate filter mounting, routing condition and security	D	
40	Verify type of DPF - Non-Catalyst or Catalyst - Non-Catalyst requires removal and cleaning of #7 injector mounted in lower muffler @ 2400 hrs. Catalyst requires service at 4500 hrs. (Mack)	D	
HYDRAULICS			
41	Drain hydraulic oil from tank - replace hydraulic return filter and high pressure filter, inspect and clean suction filter screen and replace hydraulic oil (no sample required) - WHILE TANK IS EMPTY INSTALL HYDRAULIC QUICK CONNECTORS FOR FUTURE PURIFICATION ACT IVITIES	D	
42	Validate that hydraulic pump flow is within 80% of the pump manufacturer's flow specification, record GPM	D	
CNG / LNG			
43	Check wires, harnesses and routing for proper installation	D	
E PM 4500 HOURS			
TRANSMISSION / DIFFERENTIAL			
44	Allison WT/HT series transmissions drain completely at this time, replace main and lube filters using high capacity filters only - follow torque spec chart and procedures (DO NOT USE AIR TOOLS) for removal and/or installation sample transmission fluid - top off oil with Allison approved synthetic ATF - High Capacity Filters (2in pan P#29548987) (4in pan P# 29548988)	E	
45	Manual transmission and differentials - drain and refill	E	
EXHAUST SYSTEMS			
46	Remove and clean DPF assembly or replace with exchange	E	

Technician Signature _____

Supervisor Approval _____

129.PM-D.WCA

A Heavy Duty Vehicle Inspection, 2 page

Landfill & Yellow Iron

Form # 151.5179

Table with 10 columns: Frequency, Monday, Tuesday, Wednesday, Thursday, Friday. Rows include 4300 Series, 4400 Series, 4500 Series, 4600 Series, 4700 Series, 4800 Series, 4900 Series, 5000 Series, 5100 Series, 5200 Series, 5300 Series, 5400 Series, 5500 Series, 5600 Series, 5700 Series, 5800 Series, 5900 Series, 6000 Series, 6100 Series, 6200 Series, 6300 Series, 6400 Series, 6500 Series, 6600 Series, 6700 Series, 6800 Series, 6900 Series, 7000 Series, 7100 Series, 7200 Series, 7300 Series, 7400 Series, 7500 Series, 7600 Series, 7700 Series, 7800 Series, 7900 Series, 8000 Series, 8100 Series, 8200 Series, 8300 Series, 8400 Series, 8500 Series, 8600 Series, 8700 Series, 8800 Series, 8900 Series, 9000 Series, 9100 Series, 9200 Series, 9300 Series, 9400 Series, 9500 Series, 9600 Series, 9700 Series, 9800 Series, 9900 Series, 10000 Series.

Table with 4 columns: DAY, Equipment #, Engine Hours, Machine Type. Rows include Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday.



Your Logo Here

Preventive Maintenance Inspection Form

Table with 2 columns: ITEM, STATUS. Rows include OIL, WATER, AIR, FUEL, GREASE, WAX, CLEANING, TIGHTENING, LUBRICATION, REPAIRS, COMMENTS.

Repair Notes

Blank lines for repair notes.

Northstar Forms, LLC Form # 151.5179

Table with 10 columns: Frequency, Monday, Tuesday, Wednesday, Thursday, Friday. Rows include 4300 Series, 4400 Series, 4500 Series, 4600 Series, 4700 Series, 4800 Series, 4900 Series, 5000 Series, 5100 Series, 5200 Series, 5300 Series, 5400 Series, 5500 Series, 5600 Series, 5700 Series, 5800 Series, 5900 Series, 6000 Series, 6100 Series, 6200 Series, 6300 Series, 6400 Series, 6500 Series, 6600 Series, 6700 Series, 6800 Series, 6900 Series, 7000 Series, 7100 Series, 7200 Series, 7300 Series, 7400 Series, 7500 Series, 7600 Series, 7700 Series, 7800 Series, 7900 Series, 8000 Series, 8100 Series, 8200 Series, 8300 Series, 8400 Series, 8500 Series, 8600 Series, 8700 Series, 8800 Series, 8900 Series, 9000 Series, 9100 Series, 9200 Series, 9300 Series, 9400 Series, 9500 Series, 9600 Series, 9700 Series, 9800 Series, 9900 Series, 10000 Series.

Table with 10 columns: Frequency, Monday, Tuesday, Wednesday, Thursday, Friday. Rows include 4300 Series, 4400 Series, 4500 Series, 4600 Series, 4700 Series, 4800 Series, 4900 Series, 5000 Series, 5100 Series, 5200 Series, 5300 Series, 5400 Series, 5500 Series, 5600 Series, 5700 Series, 5800 Series, 5900 Series, 6000 Series, 6100 Series, 6200 Series, 6300 Series, 6400 Series, 6500 Series, 6600 Series, 6700 Series, 6800 Series, 6900 Series, 7000 Series, 7100 Series, 7200 Series, 7300 Series, 7400 Series, 7500 Series, 7600 Series, 7700 Series, 7800 Series, 7900 Series, 8000 Series, 8100 Series, 8200 Series, 8300 Series, 8400 Series, 8500 Series, 8600 Series, 8700 Series, 8800 Series, 8900 Series, 9000 Series, 9100 Series, 9200 Series, 9300 Series, 9400 Series, 9500 Series, 9600 Series, 9700 Series, 9800 Series, 9900 Series, 10000 Series.

Table with 10 columns: Frequency, Monday, Tuesday, Wednesday, Thursday, Friday. Rows include 4300 Series, 4400 Series, 4500 Series, 4600 Series, 4700 Series, 4800 Series, 4900 Series, 5000 Series, 5100 Series, 5200 Series, 5300 Series, 5400 Series, 5500 Series, 5600 Series, 5700 Series, 5800 Series, 5900 Series, 6000 Series, 6100 Series, 6200 Series, 6300 Series, 6400 Series, 6500 Series, 6600 Series, 6700 Series, 6800 Series, 6900 Series, 7000 Series, 7100 Series, 7200 Series, 7300 Series, 7400 Series, 7500 Series, 7600 Series, 7700 Series, 7800 Series, 7900 Series, 8000 Series, 8100 Series, 8200 Series, 8300 Series, 8400 Series, 8500 Series, 8600 Series, 8700 Series, 8800 Series, 8900 Series, 9000 Series, 9100 Series, 9200 Series, 9300 Series, 9400 Series, 9500 Series, 9600 Series, 9700 Series, 9800 Series, 9900 Series, 10000 Series.

B Preventative Maintenance Inspection Form, Trifold, 6 pages

To order, call: 877-499-0492

northstarforms.com

Landfill & Yellow Iron

Form # 202TS


SITE		TICKET		GRID		WEIGHMASTER	
DATE IN		DATE OUT		TIME IN		TIME OUT	
REFERENCE				ORIGIN			
QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	FEE	TOTAL	
							NET AMOUNT
							TENDERED
							CHANGE
							CHECK NO.

202 TS TO REORDER CONTACT NORTH STAR FORMS (877) 499-0492 SIGNATURE _____

C

Receipt

Form # 265



Your Logo Here

HEAVY EQUIPMENT CHECKLIST

Unit Number _____ Date _____ Operator _____

INSPECTION

Pre-Trip	Post-Trip	
<input type="checkbox"/>	<input type="checkbox"/>	1. Pre-Trip — Visual; clean or clear of debris. Wheels in place, not flat. Tractor in use working order condition.
<input type="checkbox"/>	<input type="checkbox"/>	2. Oil & Water. Check levels — Mandatory. Fill if needed, when needed.
<input type="checkbox"/>	<input type="checkbox"/>	3. Hydraulic Oil — Transmission Fluid—mandatory. Fill if needed, when needed.
<input type="checkbox"/>	<input type="checkbox"/>	4. Cylinders — Main ones= check for leaks, broken or missing.
<input type="checkbox"/>	<input type="checkbox"/>	5. Engine Doors, Hoods, Operator's Door — Safe and accessible
<input type="checkbox"/>	<input type="checkbox"/>	6. Working Lights, Mirrors, Glass — Windshield intact, Steps-ladder
<input type="checkbox"/>	<input type="checkbox"/>	7. Back-up Alarms — Driver's horn for alerting, in motion. "Safety"
<input type="checkbox"/>	<input type="checkbox"/>	8. Seat Belts — Fire extinguisher ready and useful
<input type="checkbox"/>	<input type="checkbox"/>	9. Safe Start — Off, On-satisfactory
<input type="checkbox"/>	<input type="checkbox"/>	10. Interior Controls — Pass or fail
<input type="checkbox"/>	<input type="checkbox"/>	11. Weekly Wash-clean, Ready-Present: Date _____

Machine OK to Operate (operator's signature required) _____ Date: _____

Performed Post-Operation Inspections and Shut Off
 Battery Lock-Out Switch (operator's signature required) _____ Date: _____

Manager, Supervisor or Maintenance Sign Off: _____ Date: _____

donc@northstarforms.com (877) 499-0492 Form 265.

D

Heavy Equipment Checklist

Landfill & Yellow Iron

Form # 249Gen


EQUIPMENT NO: _____ DATE OF REPAIR <u> </u> / <u> </u> / <u> </u>				RO No: _____			
ENGINE HOURS _____		MACHINE TYPE _____					
LOCATION NO: _____		Continued from RO: _____		HEAVY EQUIPMENT REPAIR ORDER			
QUAN	PART NO.	PART	PRICE EACH	EXTENDED AMOUNT	REPAIR DESCRIPTION	LABOR HOURS	
					Complaint	IN	OUT
					Cause	IN	OUT
					Correction	IN	OUT
					Complaint	IN	OUT
					Cause	IN	OUT
					Correction	IN	OUT
					Complaint	IN	OUT
					Cause	IN	OUT
					Correction	IN	OUT
					Complaint	IN	OUT
					Cause	IN	OUT
					Correction	IN	OUT
					Complaint	IN	OUT
					Cause	IN	OUT
					Correction	IN	OUT
TOTAL PARTS COST →					TOTAL LABOR HOURS →		
Gallons of Motor Oil Used _____				Gallons of Gear Oil Used _____			
Gallons of Hydraulic Oil Used _____				Gallons of Anti-Freeze Used 50-50 _____			
Gallons of Transmission Oil Used _____				Gallons of Extended Life Anti-Freeze Used _____			
Mechanic Signature _____				Manager Signature _____			

E

Heavy Equipment Repair Order

Landfill & Yellow Iron

Form # 267




Your Logo Here Yellow Iron Daily Pre / Post Safety Inspection Report

Unit Number: _____		End Hours _____	
Date: / /		Start Hours _____	
		Total Hours _____	
Inspect the following items / = OK X=Defective repairs may needed NA = Not Apply			
Inspect the following:	PRE	POST	Perform the following tasks
CIRCLE INSPECTION			IN CAB INSPECTION
Steps and handrails secure and functional			Check Mirrors, door glass and windshield
Check lights and strobes			Check cab air filter (clean as needed)
Inspect hoses, fittings, cylinders for wear or leaks			Seat and seatbelt in good condition
Inspect belly pan (secure) no missing bolts			Check horn and warning devices
Inspect cutting edge (worn) missing bolts			Check gauges and monitoring systems
Inspect for any equipment damage			Check Backup alarm
Check fire Suppression system green light ON ?			Check Backup camera
Inspect fire extinguisher			Test 2-Way radio
Check Battery Disconnect			Check A/C Heat and defroster
Check pivot shaft oil site gauge(if applicable)			First Aid Kit
Drain water off tanks			Perform parking brake field test
Blow out radiator and engine compartment			Perform service brake test
Clean pre cleaner bowl (if equipped)			Clean interior glass
Check air filter restriction (Replace/ Clean)			Clean Cab (post trip)
Clean tracks and wheels of debris and wire			
Feel idlers /finals for excessive heat (post trip)			
Check tires (psi all wheels)			
Check coupler operation			
Check coupler hoses			
FLUID, FILTER,LUBE CHECK			ADD FLUIDS
Check and fuel Machine			Fuel Gal.
Check engine oil level			Engine Oil Gal.
Check Transmission oil			Transmission Oil Gal.
Check Hydraulic oil			Coolant Gal.
Check coolant Level (cold engine)			DEF Gal.
Ensure all cap are secure and locked			
8 Hr. lube points (grease daily)			
Operator Explanation of Defects			
Mechanics Notes			
WO #			
Repairs needed OUT of Service Not needed for safe operation Parts on order			
Operators Printed Name _____			
Operators Signature X _____		Date / /	
Mechanic Signature X _____		Date / /	
If have reviewed the previous days inspection			
Operators Signature X _____		Date / /	

donc@northstarforms.com (877) 499-0492 Form #267

F Yellow Iron Daily Pre / Post Safety Inspection Report

Form # 280



Your Logo Here

FORKLIFT OPERATOR'S DAILY CHECKLIST


(Complete Before the Start of Each Shift)

DATE _____	TRUCK NO. _____	BUILDING NO. _____	SHIFT _____
<input type="checkbox"/> INTERNAL COMBUSTION	<input type="checkbox"/> ELECTRIC	HOUR METER START _____	END _____ TOTAL HRS. _____
OPERATOR'S SIGNATURE _____		SUPERVISOR'S SIGNATURE _____	

CHECK ANY DEFECTIVE ITEM WITH AN X AND GIVE DETAILS BELOW

ACCELERATOR	HOUR METER
ALARMS	HYDRAULIC CONTROLS
BATTERY CONNECTOR	LIGHTS - HEAD AND TAIL
BATTERY - DISCHARGE INDICATOR	LIGHTS - WARNING
BELTS	MAST
BRAKES - PARKING	OIL LEAKS
BRAKES - SERVICE	OIL PRESSURE
CABLES	OVERHEAD GUARD
ENGINE OIL LEVEL	RADIATOR LEVEL
FORKS	SAFETY EQUIPMENT
FUEL LEVEL	STEERING
GUAGES	TIRES
HORN	UNUSUAL NOISES
HOSES	OTHER _____


DETAILS: _____

donc@northstarforms.com (877)499-0492 SUPERVISOR COPY  FORM 280

G Forklift Operator's Daily Checklist, Triplicate

Landfill & Yellow Iron

Form # 281



Your Logo Here

IPS #5103

OPERATOR: _____ DATE: _____

- HYDRAULIC FLUID
EL FLUIDO HIDRÁULICO
notes: _____
- All Switches
LAS LLAVES
notes: _____
- Bolts
TURECAS/TORNILLOS
notes: _____
- Dog House (HRB only)
La Cabiná (HRB Sólo)
notes: _____
- BELT
La Banda
notes: _____
- SHUT DOWNS
Los Botones de Emergencia
notes: _____
- WIRE TIE
EL Alare del Alambre
notes: _____
- TRACK
La Guía / Hero
notes: _____
- LIGHTS
LAS LUCES
notes: _____
- CYLINDERS
LOS CILINDROS
notes: _____
- HOSES
LAS MANGERAS
notes: _____
- PIPES
LOS Tubereías
notes: _____
- FAN
EL AVANICO
notes: _____
- CLEAN
LIMPO / LIMPIEZA
notes: _____
- HYDRAULIC LEAKS
LAS GOTERAS HIDRÁULICAS
notes: _____


Comments: _____

donc@northstarforms.com (877) 499-0492 CANARY PLY 281

SUPERVISOR COPY

H Vehicle Checklist, Triplicate

Form # 282



Your Logo Here

LOADER OPERATOR'S DAILY CHECKLIST

(Complete Before The Start of Each Shift)

DATE	LOADER #	BUILDING NO.	SHIFT
<input type="checkbox"/>	<input type="checkbox"/>	HOUR METER	START
OPERATOR'S SIGNATURE		SUPERVISOR'S SIGNATURE	

CHECK ANY DEFECTIVE ITEM WITH AN X AND GIVE DETAILS BELOW.

GREASE BUCKET	HOUR METER
ALARMS - BACKUP	HYDRAULIC CONTROLS
BATTERY CONNECTOR	LIGHTS - HEAD AND TAIL
BATTERY - DISCHARGE INDICATOR	LIGHTS - WARNING
BELT	TRANS OIL
BRAKES - PARKING	OIL LEAKS
BRAKES - SERVICE	OIL PRESSURE
BLOWOUT RADIATOR	
ENGINE OIL LEVEL	RADIATOR LEVEL
CAB	SAFETY EQUIPMENT
FUEL LEVEL	HYD OIL
GAUGES	TIRES
HORN	UNUSUAL NOISES
HOSES	OTHER _____

DETAILS: _____

www.northstarforms.com FORM #282

I Loader Operator's Daily Checklist

Landfill & Yellow Iron

Form # 300

○ ○ ○ ○ ○ ○ ○ ○ ⊕ ○ ○

Your Company No. _____
 Address Date: _____
 City, State _____
 Phone TIME IN: _____
 Open: Mon - Friday 8:00 am - 5:00 pm TIME OUT: _____
 Saturday 8:00 am - 1:00 pm

Customer Type _____
 Material Type: _____

Truck Number:	Vehicle Tag	Payment Type

<p>I/WE THE UNDERSIGNED CERTIFY THAT THE WASTE DELIVERED FOR DISPOSAL IS A NON-HAZARDOUS WASTE STREAM</p>	<p>I UNDERSTAND THAT FALSIFICATION OF A DAILY COMMERCIAL SOLID WASTE MANIFEST IS A CRIMINAL OFFENSE. FURTHER UNDERSTANDING THIS, I HERBY AFFIRM THAT THE INFORMATION CONTAINED IN THE FOREGOING MANIFEST IS FULL, TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.*</p>
---	---

IN WEIGHT: _____
 OUT WEIGHT: _____
 TOTAL WEIGHT: _____
 TOTAL TONNAGE: _____

MATERIAL CHARGE ON LOAD: WEIGHT X	_____
STATE FLOW FEE: 1.25 X WEIGHT	_____
ENERGY RECOVERY FEE: GATE RATE CHARGE X	_____
ENVIRO FEE: GATE RATE CHARGE X	_____
Dig Off Charge	_____
Safety Vests	_____
Total Ticket Charge:	_____

Customer Signature _____ Print Name _____

donc@northstarforms.com (877) 499-0492 300.HYDB


J Vehicle Ticket

Form # 303

TICKET # No **21050** DATE _____
 TIME _____

MATERIAL _____

TRUCK # _____
 DRIVER _____
 CU YDS _____
 TONS _____



Your Logo Here

donc@northstarforms.com (877) 499-0492 Form# 303

TICKET # No **21050** DATE _____
 TIME _____

MATERIAL _____

TRUCK # _____
 DRIVER _____
 CU YDS _____
 TONS _____



Your Logo Here

donc@northstarforms.com (877) 499-0492 Form# 303

K Vehicle Ticket

Landfill & Yellow Iron

Form # 353

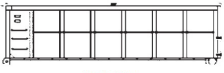


Service Ticket
Ticket#
000001
Date: _____


Your Logo Here

Customer Name: _____
 Customer Address: _____
 PO or Job number: _____
 Landfill Disposed at: _____
 Box In / Box Out: _____
Action (circle one): Delivery, Swap, Final, Trip Charge, Relocation
 Customer Signature: _____
 Driver Signature / Truck #: _____
 Landfill Signature (if applicable): _____

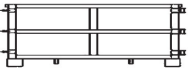
Box Condition



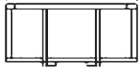
RIGHT SIDE



LEFT SIDE



FRONT



BACK


	ACCEPTABLE	DAMAGED
RIGHT SIDE	<input type="checkbox"/>	<input type="checkbox"/>
LEFT SIDE	<input type="checkbox"/>	<input type="checkbox"/>
FRONT	<input type="checkbox"/>	<input type="checkbox"/>
DOOR	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

N

Service Ticket

Form # 360 Compactor



COMPACTOR REPAIRS
Service Call Sheet

Your Logo Here

Your Company
Address
City, State

INVOICE # NO. _____
DATE: _____

EXPIRATION DATE _____

TO Contact name
 Company Name
 Street Address
 City, ST ZIP Code
 Phone
 Customer ID No.

CLOCK IN _____
CLOCK OUT _____

SALESPERSON	JOB	TECHNICIAN	DATE COMPLETED

	SUBTOTAL	
	SALES TAX	
	TOTAL	


donc@northstarforms.com Form# 360Compactor

O

Compactor Repairs, Service Call Sheet

Landfill & Yellow Iron

Form # 360 Container



Container Condition Report **Your Logo Here**

Container # _____	DATE _____
CURRENT LOCATION _____	
ADDITIONAL INFO _____	

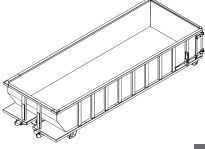

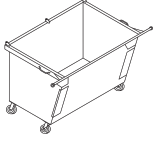
Container Type/Size

Roll-Off	Frontload	Rearload
<input type="checkbox"/> 10 Yard Open <input type="checkbox"/> 20 Yard Open <input type="checkbox"/> 30 Yard Open <input type="checkbox"/> 40 Yard Open <input type="checkbox"/> 30 Yard Compactor/Enclosed <input type="checkbox"/> 40 Yard Compactor/Enclosed	<input type="checkbox"/> 1 Yard <input type="checkbox"/> 2 Yard <input type="checkbox"/> 3 Yard <input type="checkbox"/> 4 Yard <input type="checkbox"/> 6 Yard <input type="checkbox"/> 8 Yard <input type="checkbox"/> 10 Yard	<input type="checkbox"/> 2 Yard <input type="checkbox"/> 3 Yard <input type="checkbox"/> 4 Yard <input type="checkbox"/> 6 Yard <input type="checkbox"/> 8 Yard <input type="checkbox"/> 10 Yard

Container Condition

NAME	Like New	Good	Poor	NAME	Like New	Good	Poor
Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stickers/Decals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lids/Latches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hinges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trunnion Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rollers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lock Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pin-Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tailgate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turnbuckles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Bottom Sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Damage Diagram






Additional Comments

P

Container Condition Report

Form # 365



Your Logo Here **GENERIC EQUIPMENT CONDITION REPORT**

DIVISION'S NAME _____ UNIT # _____

Time	Hourmeter	(✓) = Okay (B) = Blowout (C) = Changed	Air Indicator _____ Air Filter _____
Start: a.m. _____ p.m. _____	Hrs. _____		Air Filter Part No. _____
Finish: a.m. _____ p.m. _____	Hrs. _____	(NA) = Needs Attention (✓) = Okay	Fuel Pressure _____

Start	Finish	Frt. Rear Amount Start	Frt. Rear Amount Finish	Fluids	Start	End	Frt. Rear Amount Start	Frt. Rear Amount Finish	Fluids
				Fuel (gal)					Coolant (gal)
				Eng. Oil (qts)					Trans. (qt)
				Hyd. Oil (gal)					F. Drv. Diff. (qt)

(✓) - O.K. (NA) - Needs Attention (S) - Serviced
Refer to Service Manual for Details Repairs Completed Further Work Needed

Clean Tracks or Wheel/Bellypans		
Clean Radiator and Coolers		
Grease/Lubricate/Machine		
Body/Frame/Guards/Bellypans/Metal Damage/Missing-Loose Bolts		
Tires/Rims/Tracks/Rollers/Wheels/Lug Bolts/Nuts		
Trans.-Clutch/Driveline/Diff/Final Drive/Planetaries		
Blades/Buckets/Brooms/Rippers/Grd Engag Tools/Boom and Stick		
Towstraps/Tow Pins/Cables/Chains/Winch/Bales		
Susp/Springs/Axles/Cushion Hitch		
Steering/Linkage		
Brakes/Parking/Air Compressor/Valves/Lines		
Hyd. System - Cyl/Pumps/Motors/Hoses/Hoist Cyl/Tank/Valves		
Mast/Lift Chains/Forks/Carriage/Side Shifts		
Exhaust and Cooling System/Belts and Hoses		
Engine - Intake and Fuel System		
Cab - Items and Controls/Instrument/Radio/AC/Horn, Etc.		
Elect. System - Charging/Starting/Lights/Switches/Motors		
Engine Protection/Shutdown System		
Clean Cab's Interior/Glass/AC Filters		
Safety Eq. - Mirror/Fire Ex/Seat Belts/Strobe Lt/Backup Alarm M.		
Other/Implements, Etc.		
Shut Off Elect. Disconnect Switch/Drain Air Tanks		

Explanation of Repairs Needed: _____

MACHINE OKAY TO OPERATE

Operator's Signature _____ Date _____

Maintenance Sign Off _____ Time _____ a.m./p.m. Date _____

(877) 499-0492 donc@northstarforms.com **MAINTENANCE / OPERATIONS** 5.GFL

Q

Generic Equipment Condition Report

Landfill & Yellow Iron

Form # 365E

White

Daily Heavy Equipment Inspection

Unit Number: _____ Date: _____ Equipment Model: _____

Hour Meter Start: _____ Hour Meter Finish: _____

Fuel Gallons Added #1 _____ Fuel Gallons Added #2 _____ DEF Added #1 _____

= Checked **A = Added** **RN = Repairs Needed**


	Inspection		REPAIRS NEEDED
	Pre-Operation	Post-Operation	
Grease Machine Completely	_____	_____	<div style="border: 1px solid black; padding: 5px;"> <p>CHECK BOX: <input type="checkbox"/></p> <p>PICTURE OF <input type="checkbox"/></p> <p>REPAIR NEEDED SENT <input type="checkbox"/></p> </div>
Inspect Motor Oil Level Front	_____ Gal.	_____ Gal.	
Inspect Motor Oil Level Rear	_____ Gal.	_____ Gal.	
Inspect Transmission Oil Level	_____ Gal.	_____ Gal.	
Inspect Hydraulic Oil Level	_____ Gal.	_____ Gal.	
Inspect Radiator Level	_____ Gal.	_____ Gal.	
Inspect Fire Extinguisher	_____	_____	
Inspect Fire Suppression System	_____	_____	
Inspect Operation of Brakes	_____	_____	
Inspect Operation of Gauges / Warning Lights	_____	_____	
Inspect Operation of Back Up Alarm	_____	_____	
Inspect Air Cleaner (Indicator)	_____	_____	
Inspect Seat Belt	_____	_____	
Inspect Horn Operation	_____	_____	
Inspect Lighting	_____	_____	
Inspect Windshield Wiper Operation	_____	_____	
Clean Cab Interior	NA	_____	
Clean Glass	NA	_____	
Clean Debris from Engine Compartment	NA	_____	
Clean Debris from Radiator	NA	_____	
Inspect Tracks / Wheels	_____	_____	
Inspect Belly Pan	_____	_____	
Inspect for Broken Glass	_____	_____	
Did you clean the undercarriage?	_____	_____	

Machine OK to Operate (operator's signature required) _____ Date: _____

Performed Post Operation Inspections and Shut Off Battery Lock-Out Switch (operator's signature required) _____ Date: _____

Manager, Supervisor or Maintenance Sign Off: _____ Date: _____

done@northstarforms.com (877) 499-0492 MAINTENANCE COPY 365E-5240

 **Your Logo Here**

Daily Heavy Equipment Inspection

Unit Number: _____ Date: _____ Equipment Model: _____

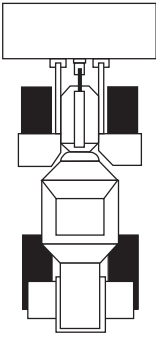
Hour Meter Start: _____ Hour Meter Finish: _____

Fuel Gallons Added # 1 _____

= Checked = Inspection Pre-Operation = Inspection Post-Operation **A = Added** **RN = Repairs Needed**

Sonar detection device working and set at a minimum volume _____

	Inspection Pre-Operation	Inspection Post-Operation
Grease Machine Completely	_____	_____
Inspect Motor Oil Level Front	_____ Gal.	_____ Gal.
Inspect Motor Oil Level Rear	_____ Gal.	_____ Gal.
Inspect Transmission Oil Level	_____ Gal.	_____ Gal.
Inspect Hydraulic Oil Level	_____ Gal.	_____ Gal.
Inspect Radiator Level	_____ Gal.	_____ Gal.
Inspect Fire Extinguisher	_____	_____
Check Edge Bolts & Wear	_____	_____
Check Sonar System	_____	_____
Check Engine Doors	_____	_____
Inspect Operation of Brakes	_____	_____
Inspect Operation of Gauges / Warning Lights	_____	_____
Inspect Operation of Back Up Alarm	_____	_____
Inspect Air Cleaner (Indicator)	_____	_____
Inspect Seat Belt	_____	_____
Inspect Horn Operation	_____	_____
Inspect Lighting	_____	_____
Inspect Windshield Wiper Operation	_____	_____
Clean Cab Interior	_____	_____
Clean Glass	_____	_____
Clean Debris from Engine Compartment	_____	_____
Clean Debris from Radiator	_____	_____
Inspect Wheels & Studs	_____	_____
Inspect Belly Pan	_____	_____
Inspect for Broken Glass	_____	_____
Inspect Axles	_____	_____
Inspect Strobe Light	_____	_____
Inspect Fuel Cap	_____	_____
Inspect Hoses	_____	_____
Check DEF Levels	_____	_____
Check Lube Tub Level	_____	_____
Check Auto Grease Point Connections	_____	_____
Check Service Doors Latched and Secured	_____	_____
Blow Out Coolers and Check/Operate Reversible Fan	_____	_____
Inspect Wheels Chocks	_____	_____
Inspect Camera for Proper Operation and Clean	_____	_____
Clean Debris From Arms, Axles and Articulating Points	_____	_____
Check Defrost and A/C	_____	_____
Inspect Mirrors	_____	_____
Inspect Steps	_____	_____
Inspect Lift Arms for Structural Damage	_____	_____



Bucket Inspection

Check Coverplates (Tink Only)	___ Secure ___ Missing
Check grapples (Tink Only)	___ OK ___ Cracking
Check grapple Cylinders (Tink Only)	___ OK ___ Leaking
Check Under Cylinders (Tink Only)	___ OK ___ Leaking
Check Under Cylinders (Tink Only)	___ Clean ___ Debris
General Exterior	___ OK ___ Cracking
Body Check	List all damage below

North Star Forms LLC. (877) 499-0492

R Daily Heavy Equipment Inspection

S Daily Heavy Equipment Inspection

Landfill & Yellow Iron

Form # 365S Gen

Inspección diaria de equipos pesados

Número de unidad _____ Fecha: _____ Modelo de equipo: _____

Medidor horario inicial: _____ Medidor horario final: _____

Galones de diesel agregado a # 1 _____ Galones de diesel agregado a # 2 _____

✓ = Verificado A = Añadido RN = Reparaciones necesarias

	Inspección Antes de operar	Inspección Después de operar	REPARACIONES NECESARIAS
Grasa de máquina totalmente	_____	_____	
Inspeccionar el nivel de aceite de motor trasero	_____ Gal.	_____ Gal.	
Inspeccionar el nivel de aceite de motor delantero	_____ Gal.	_____ Gal.	
Inspeccionar el nivel de aceite de transmisión	_____ Gal.	_____ Gal.	
Inspeccionar el nivel de aceite hidráulico	_____ Gal.	_____ Gal.	
Inspeccionar el nivel de aceite del radiador	_____ Gal.	_____ Gal.	
Inspeccione el extintor de incendios	_____	_____	
Inspeccione el sistema de supresión de incendios	_____	_____	
Inspeccionar el funcionamiento de los frenos	_____	_____	
Inspeccionar el funcionamiento de medidores / luces de aviso	_____	_____	
Inspeccione la operación de copia de seguridad de alarma	_____	_____	
Inspeccione Filtro de aire (indicador)	_____	_____	
Inspeccione los cinturones de seguridad	_____	_____	
Inspeccionar el funcionamiento de Hornos	_____	_____	
Inspeccione Iluminación	_____	_____	
Inspeccionar el funcionamiento limpiaparabrisas	_____	_____	
Limpieza interior de la cabina	NA		
Limpieza de vidrio	NA		
Limpie los desechos de motor	NA		
Limpie los desechos de radiador	NA		
Inspeccione las pistas / ruedas	_____	_____	
Inspeccione Belly Pan	_____	_____	
Inspeccione por vidrios rotos	_____	_____	

INSPECCION DE FUGAS

	Antes de operar	Después de operar
1. Motor	_____	_____
2. Sistema hidráulico	_____	_____
3. Cilindros	_____	_____
4. Mangueras	_____	_____
5. Radiador	_____	_____

Acceptar la máquina para operar (operador de la firma requerida) _____ Fecha: _____

Correas realiza la Operación Inspecciones y apagar la batería de salida Switch (operador de la firma requerida) _____ Fecha: _____

Manager, Supervisor de Mantenimiento o cerrar la sesión: _____ Fecha: _____

North Star Forms LLC (877) 499-0492 365SG Revised 11/11

T Daily Heavy Equipment Inspection, Spanish

Form # 365SR

**HEAVY EQUIPMENT
DAILY INSPECTION REPORT**

NOMBRE DE OPERADOR (Imprimir en Letra Grande): _____ Fecha de Reporte: _____

HORAS: FIN _____ COMENZIO _____

Numero de Unidad: _____ Numero De Distrito: _____ TOTAL _____ Modelo De Equipo: _____

√ = Checked A = Agregado RN = Reparaciones Necesarias	Inspection Antes- Operation	Inspection Despues- Operation
Afuera de la Maquina		
Engrasar Maquina Completamente		tubos/oz.
Inspeccione Nivel de Aceite del Motor		
Inspeccione Nivel de Aceite del Transmision		
Inspeccione Nivel de Aceite Hidraulico		
Inspeccione Nivel del Radiador		
Inspeccione Filtro de Aire (Indicador)		
Inspeccione los Pistas / Liantas		
Inspeccione la Quilla		
Inspeccione las Luces		
Inspeccione por Vidrios Quebrados		
Espejos		
Pasamanos / Escalera		
Inspeccion Adentro de la Cabina		
Inspeccione el Cinturon de Seguridad		
Inspeccione Operacion de los Medidores / Luces de Advertencia		
Inspeccione las Limpiaparabrisas		
Inspeccionar la Operacion de Bocina		
Inspeccionar Extintor de Incendios		
Inspeccione la Operacion de Frenos		
Inspeccione la Operacion de aAlarma de Reversa		
Condicion de Cabina		
Interior de la Cabina Limpia		
Vidrio Limpio		

Cantidad de Combustible Sumado	
Diesel	Gal - AM
Diesel	Gal - PM

Cantidad de Lubricantes Sumado	
Aciete de Motor	Gal/Ltrs
Aciete Hidraulico	Gal/Ltrs
Anti-Freeze	Gal/Ltrs
Transmission	Gal/Ltrs

REPARACIONES URGENTE DE SEGURIDA

DESCRIPCION DE DEFECTOS AQUI:

DESCRIPCION DE DEFECTOS AQUI:

INSPECCION DE MAQUINAS POR FUGA	Inspection Previa A Operacion	Inspection Despues De Operacion
Aciete Motor - Fuga		
Aciete Hidraulico - Fuga		
Cilindros- Fuga		
Mangueras - Fuga		
Radiador - Fugas		

Previa A Operacion	Maquina OK para Operar (FIRMA DE OPERADOR REQUERIDO)	Fecha:
Despues De Operacion	Realizo Inspection Despues de Operar	Fecha:
MANAGER, SUPERVISOR OR MAINTENANCE SIGN-OFF		Fecha:

COPIA BLANCA: MANTENIMIENTO COPIA ROSA: OPERACIONES COPIA AMARILLA: DEJAR EN LIBRO

U Heavy Equipment Daily Inspection Report, Spanish

Landfill & Yellow Iron

Form # Ticket

Your Logo Here
Your Company
Address
City, State
Phone

SOLD BY		DATE		
NAME				
LICENSE PLATE #			PHONE NUMBER	
CASH	C.O.D.	CHARGE	ON ACCT.	
RECEIVED BY				

THANK YOU

V Service Ticket

Form # ECR

Your Logo Here

Equipment Condition Report—ARTICULATED HAUL TRUCK

Site Name: _____

Operator's Name: _____

Date: _____ Equipment Name: _____

Shift: _____ Meter Reading: _____

Fuel Added: _____

Good indicates visual inspection completed and normal conditions observed
DEF indicates visual inspection completed and deficiencies observed (requires a comment)

What item are you inspecting?	What are you looking for?	GOOD	DEF	N/A
From Ground				
Grease machine at all lubrication points	Switch to On Position			
Master Disconnect Switch	Wear, Cuts, Visual Check Low/Flat			
Tires	Missing/Loose Lugs, Cracked/Bent Retaining Ring			
Wheels, Hub, Stem Caps	Transmission Oil Level			
Transmission Oil Level	Hydraulic Oil Level, Site Glass, Leaks, Damage			
Hydraulic Tank / Fuel Tank	Around and Under Machine For Leaks, Puddles			
Underneath Machine (Ground)	Leaks, Worn Hoses, Damaged Lines			
Steering Hydraulic System	Leaks, Damage, Wear			
Suspension Cylinders	Cracks, Leaks, Damage, Wear			
Frame and Hoist Cylinders	Greased Pins			
Articulation Joint (Center Pin)	Leaks, Damage, Wear			
Axles, all	Damage to Lens, Housing or Wiring			
Lights				
Engine Compartment				
Engine Oil	Engine Oil Level			
Engine Coolant	Check Coolant Level			
Radiator	Check Fins for Blockage or Leaks			
Fan/Belts	Cracks, Leaks			
Hoses, Fittings and Clamps	Leaks, Loose Clamps, Wear			
Overall Engine Compartment	Leaks, Trash, Debris			
On Machine Outside of Cab				
Ladders, Footsteps, Hand Rails	Bent, Cracks, Missing, Debris			
Glass	Broken Glass, Cleanliness			
Wipers/Washers	Wear, Damage, Fluid Level			
Doors and Latches	Proper Operation			
Fire Extinguisher	Charge, Damage			
Inside Cab				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Operator Controls	Proper Labeling/Icons			
Fire Extinguisher	Charge, Damage			
Start-Up				
Horn, Backup Alarm, Lights	Verify Proper Operation			
Gauges, Indicators, Switches and Controls	Verify Proper Operation			
Steering, Brakes, Body	Exercise for Proper Operation			

Comments (additional comments can be made on the back of this form):


Operator's Signature: _____ Date: _____
Supervisor's Signature: _____ Date: _____

don@northstarforms.com (877) 499-0492 ECR-Articulated Truck Rev 1/20

W Equipment Condition Report , Articulated Haul Truck

Landfill & Yellow Iron

Form # ECR-Dozer



Your Logo Here

Equipment Condition Report—DOZER

Site Name: _____

Operator's Name: _____

Date: _____ Equipment Name: _____

Shift: _____ Meter Reading: _____

_____ Fuel Added: _____

"Good" indicates visual inspection completed and normal conditions observed
"DEF" indicates visual inspection completed and deficiencies observed (requires a comment)

What item are you inspecting?	What are you looking for?	GOOD	DEF	N/A
From Ground				
Grease machine at all lubrication points				
Master Disconnect Switch	Switch to On Position			
Track Pads, Bolts, Rails	Cracks, Missing Bolts			
Roller Frame, Idlers, Bogies	Leaks, Adjustment			
Final Drive / Sprocket Segments	Leaks, Worn Sprocket			
Transmission Oil Level	Transmission Oil Level			
Hydraulic Tank	Hydraulic Oil Level, Site Glass, Leaks, Damage			
Blade, Push Arms, Edge	Cracks, Missing Bolts			
Engine Compartment				
Engine Oil	Engine Oil Level			
Engine Coolant	Check Coolant Level			
Radiator	Check Fins for Blockage or Leaks			
Fan/Belts	Cracks, Leaks			
Hoses, Fittings and Clamps	Leaks, Loose Clamps, Wear			
Overall Engine Compartment	Leaks, Trash, Debris			
On Machine Outside of Cab				
Walkways, Ladders, Footsteps, Hand Rails	Bent, Cracks, Missing, Debris			
Glass	Broken Glass, Cleanliness			
Wipers/Washers	Wear, Damage, Fluid Level			
Doors and Latches	Proper Operation			
ROPS	Cracks, loose / missing bolts			
Fire Extinguisher	Charge, Damage			
Inside Cab				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Fire Extinguisher	Charge, Damage			
Start-Up				
Horn/Backup Alarm/Lights/Warning Strobe	Verify Proper Operation			
Gauges, Indicators, Switches and Controls	Verify Proper Operation			
Steering, Brakes, Arms and Attachments	Exercise for Proper Operation			
Parking Brake	Verify Proper Operation			

Comments (additional comments can be made on the back of this form):


Operator's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

donc@northstarforms.com (877) 499-0492 ECR-Dozer Rev 1/20

X Equipment Condition Report, Dozer

Form # ECR-Excavator



Your Logo Here

Equipment Condition Report—EXCAVATOR

Site Name: _____

Operator's Name: _____

Date: _____ Equipment Name: _____

Shift: _____ Meter Reading: _____

_____ Fuel Added: _____

"Good" indicates visual inspection completed and normal conditions observed
"DEF" indicates visual inspection completed and deficiencies observed (requires a comment)

What item are you inspecting?	What are you looking for?	GOOD	DEF	N/A
From Ground				
Grease machine at all lubrication points	Zerk Grease Fittings			
Master Disconnect Switch	Switch to On Position			
Track Pads, Bolts, Rails	Cracks, Missing Bolts			
Roller Frame, Idlers, Bogies	Leaks, Adjustment			
Final Drive / Sprocket Segments	Leaks, Worn Sprocket			
Bucket, Teeth, Attachment	Pins Greased, Cracks, Missing Teeth			
Boom & Stick	Cylinder Leaks, Pins Greased, Cracks, Missing Bolts			
Hydraulic Tank & Hoses	Hydraulic Oil Level, Site Glass, Leaks, Damage			
Underside (Ground) Leaks	Around and Under Machine for Leaks or Puddles			
Lights	Damage to Lens, Housing or Wiring			
Engine Compartment				
Engine Oil	Engine Oil Level			
Engine Coolant	Check Coolant Level			
Radiator	Check Fins for Blockage or Leaks			
Fan/Belts	Cracks, Leaks			
Hoses, Fittings and Clamps	Leaks, Loose Clamps, Wear			
Overall Engine Compartment	Leaks, Trash, Debris			
On Machine Outside of Cab				
Walkways, Ladders, Footsteps, Hand Rails	Bent, Cracks, Missing, Debris			
Glass	Broken Glass, Cleanliness			
Wipers/Washers	Wear, Damage, Fluid Level			
Doors and Latches	Proper Operation			
ROPS	Cracks, loose / missing bolts			
Fire Extinguisher	Charge, Damage			
Inside Cab				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Fire Extinguisher	Charge, Damage			
Start-Up				
Horn/Backup Alarm/Lights/Warning Strobe	Verify Proper Operation			
Gauges, Indicators, Switches and Controls	Verify Proper Operation			
Steering, Brakes, Boom & Stick	Exercise for Proper Operation			
Parking Brake	Verify Proper Operation			

Comments (additional comments can be made on the back of this form):

Operator's Signature: _____ Date: _____


Supervisor's Signature: _____ Date: _____

donc@northstarforms.com (877) 499-0492 ECR-Excavator Rev 1/20

Y Equipment Condition Report, Excavator

Landfill & Yellow Iron

Form # ECR-TrashCompactor



Equipment Condition Report—LANDFILL TRASH COMPACTOR

Your Logo Here Site Name: _____

Operator's Name: _____

Date: _____ Equipment Name: _____

Shift: _____ Meter Reading: _____

_____ Fuel Added: _____

*"Good" indicates visual inspection completed and normal conditions observed
*"DEF" indicates visual inspection completed and deficiencies observed (requires a comment)

What item are you inspecting?	What are you looking for?	GOOD	DEF	N/A
From Ground				
Grease machine at all lubrication points	Zerk Grease Fittings			
Master Disconnect Switch	Switch to On Position			
Wheels / Cleats	Damage, Wear, Packed trash			
Transmission Oil Level	Transmission Oil Level			
Hydraulic Tank	Hydraulic Oil Level, Site Glass, Leaks, Damage			
Underneath Machine (Ground)	Around and Under Machine For Leaks, Puddles			
Blade and Cutting Edge	Cracks, Missing Bolts			
Blade Cylinders	Wear, Damage, Leaks			
Articulation Joint (Center Pin)	Greased Pins			
Lights	Damage to Lens, Housing or Wiring			
Engine Compartment				
Engine Oil	Engine Oil Level			
Engine Coolant	Check Coolant Level			
Radiator	Check Fins for Blockage or Leaks			
Fan/Belts	Cracks, Leaks			
Hoses, Fittings and Clamps	Leaks, Loose Clamps, Wear			
Overall Engine Compartment	Leaks, Trash, Debris			
On Machine Outside of Cab				
Ladders, Footsteps, Hand Rails	Bent, Cracks, Missing, Debris			
Glass	Broken Glass, Cleanliness			
Wipers/Washers	Wear, Damage, Fluid Level			
Doors and Latches	Proper Operation			
Fire Extinguisher	Charge, Damage			
Auto Lubrication System (if equipped)	Level			
Inside Cab				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Operator Controls	Proper Labeling/Icons			
Fire Extinguisher	Charge, Damage			
Start-Up				
Horn, Backup Alarm, Lights	Verify Proper Operation			
Gauges, Indicators, Switches and Controls	Verify Proper Operation			
Steering, Brakes, Blade and Attachments	Exercise for Proper Operation			

Comments (additional comments can be made on the back of this form):


Operator's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

don@northstarforms.com (877) 499-0492 ECR-TrashComp Rev 1/20

Z Equipment Condition Report, Trash Compactor

Form # ECR-WheelLoader



Equipment Condition Report—WHEEL LOADER

Your Logo Here Site Name: _____

Operator's Name: _____

Date: _____ Equipment Name: _____

Shift: _____ Meter Reading: _____

_____ Fuel Added: _____

*"Good" indicates visual inspection completed and normal conditions observed
*"DEF" indicates visual inspection completed and deficiencies observed (requires a comment)

What item are you inspecting?	What are you looking for?	GOOD	DEF	N/A
From Ground				
Grease machine at all lubrication points	Zerk Grease Fittings			
Master Disconnect Switch	Switch to On Position			
Tires	Wear,Cuts, Visual Check Low/Flat			
Wheels	Missing/Loose Lugs, Cracked/Bent Retaining Ring			
Transmission Oil Level	Transmission Oil Level			
Hydraulic Tank	Hydraulic Oil Level, Site Glass, Leaks, Damage			
Underneath Machine (Ground)	Around and Under Machine For Leaks, Puddles			
Bucket and Cutting Edge	Cracks, Missing Bolts			
Lifting Arms and Pins, Lines and Hoses	Leaks, Cracks, Greased Pins			
Articulation Joint (Center Pin)	Greased Pins			
Lights	Damage to Lens, Housing or Wiring			
Engine Compartment				
Engine Oil	Engine Oil Level			
Engine Coolant	Check Coolant Level			
Radiator	Check Fins for Blockage or Leaks			
Fan/Belts	Cracks, Leaks			
Hoses, Fittings and Clamps	Leaks, Loose Clamps, Wear			
Overall Engine Compartment	Leaks, Trash, Debris			
On Machine Outside of Cab				
Ladders, Footsteps, Hand Rails	Bent, Cracks, Missing, Debris			
Glass	Broken Glass, Cleanliness			
Wipers/Washers	Wear, Damage, Fluid Level			
Doors and Latches	Proper Operation			
Fire Extinguisher	Charge, Damage			
Auto Lubrication System (if equipped)	Level			
Inside Cab				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Operator Controls	Proper Labeling/Icons			
Fire Extinguisher	Charge, Damage			
Start-Up				
Horn, Backup Alarm, Lights	Verify Proper Operation			
Gauges, Indicators, Switches and Controls	Verify Proper Operation			
Steering, Brakes, Arms and Attachments	Exercise for Proper Operation			

Comments (additional comments can be made on the back of this form):

Operator's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

don@northstarforms.com (877) 499-0492 ECR-WheelLoader Rev 1/20

AA Equipment Condition Report , Wheel Loader

Landfill & Yellow Iron

Form # 163L-167L

INVOICES- FLEET NO. _____	DAILY INSPECTION REPORT- FLEET NO. _____	FIRE SUPPRESSION INSPECT.- FLEET NO. _____	MAJOR CAPITALIZED REPAIR HISTORY
---------------------------	--	--	----------------------------------

EQUIPMENT REPAIR HISTORY FILE FOLDER

FLEET NO. _____

Make _____ Model _____ Year _____ SN _____											
Repair Order #	Current Hours	Description of Repair or Service	PM Service 250	PM Service 500	PM Service 750	PM Service 1000	PM Service 2000	Daily Inspection Report Repair	Scheduled Repair	Outside Repair	Capital Repair

BB

Equipment Repair History Folders