



## Daily Sweeper Checklist

Date \_\_\_\_\_ Operator: \_\_\_\_\_ Truck Number: \_\_\_\_\_

Hour Meter Readings: Shift Start \_\_\_\_\_ Shift End \_\_\_\_\_ Total Hours This Shift \_\_\_\_\_

OK		Not OK
	Engine Oil Level	
	Radiator Water Level	
	Fuel Level	
	Hydraulic Sump Tank	
	Tires	
	Battery Condition	
	Horn	
	Dashboard Instruments	
	Hour Meter	
	Head and Tail Lights	
	Steering Mechanism	
	Running Brakes/Running Brake	
	Air Filter/ Brush	
	Obvious Damage or Leaks Fire Extinguisher	

Explain All Items Marked "Not OK"

\_\_\_\_\_  
\_\_\_\_\_

Operator Signature: \_\_\_\_\_ Employee ID # \_\_\_\_\_