**TRACTOR SAFETY CHECK**.

# (Complete in duplicate – driver retains Original)

Authority #……………….. Date Issued……………….. Time Issued…………

Before use, the following safety checks were carried out to the best of my ability and I

consider that the Tractor is in safe working order

Signed – Driver………………………………

[CHECK BOX IF SATIFACTORY]

Are you qualified to drive the tractor?

Check oil level

.

Check water level.

.

Check fuel level.

.

Are tyres inflated properly and in good condition?

.

Do the brakes work? Is the handbrake operating?

.

Is the beacon light working?

.

Is the cabin clean and free of loose tools or equipment?

.

Is the driver wearing appropriate PPE?

.

Have all persons involved been briefed on the operation

Other personnel are made aware that operations are about to commence.

.

.

**TO BE RETAINED BY DRIVER**

**TRACTOR SAFETY CHECK**.

# (Complete in duplicate – driver retains Original)

Authority #……………….. Date Issued……………….. Time Issued…………

Before use, the following safety checks were carried out to the best of my ability and I

consider that the Tractor is in safe working order

Signed – Driver………………………………

[CHECK BOX IF SATIFACTORY]

Are you qualified to drive the tractor?

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Do the brakes work? Is the handbrake operating?

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Is the beacon light working?

.

Is the cabin clean and free of loose tools or equipment?.

.

Is the driver wearing appropriate PPE?

.

Have all persons involved been briefed on the operation

.

. Other personnel are made aware that operations are about to commence

.

.

**TO BE RETURNED  
 TO THE DOCUMENT CONTROLLER**