

STEAMRANGER HERITAGE RAILWAY



TRACK MACHINE DAILY CHECKLIST

(For use with Sleeper Inserters/Extractors, Spot Tampers, etc)

LOCATION:	ASSET ID No:
DESCRIPTION:	
Current Service Compliance Date/Hours:	Next Service Due:

Daily Check Inspector's Details				
<u>Daily Check 1</u>	<u>Daily Check 2</u>	<u>Daily Check 3</u>	<u>Daily Check 4</u>	<u>Daily Check 5</u>
Date:	Date:	Date:	Date:	Date:
KM on rail:	KM on rail:	KM on rail:	KM on rail:	KM on rail:
Name:	Name:	Name:	Name:	Name:

CHECK DAILY (✓IF OK, × IF REQUIRES ATTENTION or N/A)	Daily Check 1	Daily Check 2	Daily Check 3	Daily Check 4	Daily Check 5
<i>Pre-startup daily checks</i>					
Check Service Compliance sticker on vehicle					
Radiator water/coolant check for correct levels					
Engine oil check for correct levels					
Fuel level check					
Hydraulic oil level check					
Lubricate Machine as per requirements					
<i>Daily Checks</i>					
Instruments and controls functioning correctly					
All warning devices functioning correctly					
Lights operational					
Battery secured and connections tight					
No Fuel or Oil leaks					
Air cleaner - empty dust bowl if necessary					
Air reservoir check for leaks <i>(if applicable)</i>					
Exhaust system functioning correctly					
Check condition of tynes, brushes, clamps etc.					
Check drive shafts for damage <i>(& Hyd. Oil or Chain Drive)</i>					
Transmission functioning correctly					
Hydraulics functioning correctly					
Brakes systems functioning correctly <i>(Check Fluid)</i>					
Rail wheels visual check profile and condition flange/tread <small>(Refer to SHRI-004-WPQA-04 Section 5.1)</small>					
Fire extinguisher charged correctly					
Safeworking forms, equipment items check					
First Aid box (Record box number)					
Any checklist faults reported and repaired					
MACHINE SAFE TO OPERATE					
Signed:					

SIGN EACH DAY TO CONFIRM PROCESS COMPLETE

Comments / Repairs carried out:

NOTE: A PLANT FAULT REPORT [SHRI-004-WFQA-08] MUST BE COMPLETED FOR ALL DEFECTS IDENTIFIED.

Checked by Supervisor (Print Name) _____ Date: ____ / ____ / ____

Supervisor Signed: _____