**Start-Up and Shut Down Procedures: Backhoe Loaders**

Operator/Inspector \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_

Serial Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Machine Hours \_\_\_\_\_\_\_\_\_\_ Experience (years) \_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Was procedure step completed properly?** | 🗹 | Evaluator Comments |
|  |  |  |
| ***Starting the Machine*** |  |  |
| Perform walk around inspection |  |  |
| Mount the machine using 3 points of contact |  |  |
| Adjust seat, fasten seat belt |  |  |
| Engage the parking brake |  |  |
| Ground all implements |  |  |
| Move attachment control levers into HOLD |  |  |
| Direction control lever to NEUTRAL |  |  |
| Make sure all personnel are clear of machine |  |  |
| Hold accelerator to HIGH IDLE position |  |  |
| Turn the key start switch to START. Crank engine |  |  |
| **M *Machine Warm-Up*** |  |  |
| Allow engine to warm-up for 5 minutes at half throttle |  |  |
| Engage Boom Lock |  |  |
| Cycle all controls to circulate warm oil |  |  |
| Boom Down for 60 seconds, release |  |  |
| Engage and disengage attachment controls |  |  |
| Check gauges and action lights frequently |  |  |
| ***Moving the Machine*** |  |  |
| Make sure area is clear of personnel and obstructions |  |  |
| Raise all lowered implements |  |  |
| Depress service brake pedal |  |  |
| Release parking brake |  |  |
| Move transmission control to desired direction and gear |  |  |
| Release service brake pedal, check for proper operation |  |  |
| Push down on accelerator |  |  |
| ***Machine Shut Down*** |  |  |
| Park machine on smooth, level area |  |  |
| Set the parking brake |  |  |
| Lower and lock all hydraulic implements |  |  |
| Cycle all hydraulics to relieve pressure |  |  |
| Allow engine to run at LOW IDLE of 5 minutes |  |  |
| Turn key start switch to OFF and remove key |  |  |
| Dismount machine using 3-point contact |  |  |
| Conduct post-operation walk-around inspection |  |  |

Worker Competent Yes or No (circle one) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Supervisor/Trainer has demonstrated how task should be done and discussed all known safety hazards that may affect the worker and provided the worker with all the information that is necessary to do the job safely and correctly.