



DAILY & WEEKLY PREVENTIVE MAINTENANCE INSPECTION FORM

VEHICLE NO:
MILEAGE:
HOURS:
DATE:

MAKE SURE ALL EQUIPMENT IS OFF BEFORE SERVICING

Numbers in parentheses (e.g. (22)) are reference to illustrations in Unisul's Operating Manual As work is performed and completed, employee is to initial.

Check Off					Daily Check Description
Mon	Tue	Wed	Thur	Fri	
					BLOW MACHINE (PTO & Truck MUST be OFF!)
					EMPTY HOPPER /END OF JOB OR DAY
					REMOVE ACCESS WINDOW(23): CLEAR BLOCKAGE ON HAMMERS, SIDE WALLS, AND AUGER ABOVE
					CLEAN INSIDE AND OUTSIDE OF SAFETY CAGE
					INSPECT AIR INLET SCREEN ON BLOWER (22)
					DRAIN H2O TANK AND PUMP DAILY / FILL PUMP AND LINE WITH ANTIFREEZE IN COLD WEATHER
					VACUUM/JOB
					CHECK OIL LEVEL
					FILL FUEL TANK
					CHECK AIR CLEANER FOR DIRT OR DAMAGED PARTS
					CLEAN AIR INTAKE AND COOLING FINS
					CHECK FUEL HOSE FOR CRACKS OR DAMAGE
					CHECK EXHAUST SYSTEM FOR LEAKAGE
					SPRAY NOZZLE/JOB
					CHECK BASE AND TIGHTEN AS NECESSARY
					INSURE SPRAY TIPS ARE PARALLEL WITH NOZZLE
					CHECK FOR BLOCKAGE IN SPRAY TIPS/CLEAN OR REPLACE AS NECESSARY
					BUCKET CHECK / USING BUCKET CHECK SHEET
					WALL SCRUBBER/JOB
					TIGHTEN ALL SHAFT BOLTS & ADJUST ROLLER ASSEMBLY
					CLEAN EXCESS FIBER FROM SCRUBBER PAD

Initials	Weekly Check Description
Date: _____	
<input type="checkbox"/>	BLOWER(6) -ROOTS CHECK OIL LEVEL AT PETCOCK VALVE(7)
<input type="checkbox"/>	RIGHT ANGLE GEAR BOX(8) CHECK OIL LEVEL AT THE PLUG HALF WAY UP THE REAR OF HOUSING
<input type="checkbox"/>	OUT PUT SHAFT(27) GREASE SUPPORT BEARINGS /ONE TO TWO PUMPS/
<input type="checkbox"/>	WATER PUMP CHECK OIL LEVEL fig. 1(A)
<input type="checkbox"/>	HOSE COUPLERS REMOVE AND SCRAPE CLEAN
<input type="checkbox"/>	MACHINE MATERIAL OUTLET REMOVE RUBBER HOSE AND SCRAPE HOSE AND INNER WALL CLEAN
<input type="checkbox"/>	VACUUM RECOVERY BOX /OVER BLOW MACHINE REMOVE HOSE AND SCRAPE ENTRANCE
<input type="checkbox"/>	HIGH PRESSURE SPRAY LINE LUBE BRASS QUICK CONNECT
<input type="checkbox"/>	REMOTE CONTROL CORD CHECK CHECK TO SEE THAT THE CORD IS NOT WORN OR KINKED IN ANY AREAS
SIGNATURE _____	DATE _____
SUPERVISOR SIGNATURE _____	DATE _____