

# Monthly Tipping Skip Check List

Skip Name/Number: .....

|                              |  |
|------------------------------|--|
| <b>Skip frame/body</b>       |  |
| No signs of cracks or damage |  |
| Locking pin available        |  |
| Check wheels                 |  |
| Mesh intact (if attached)    |  |

Completed By: .....

Signature: .....

Date: .....