

	<b>Dawson</b> <b>FORM</b> Contractor Inspection – Truck Mounted Drilling Rig		<b>FRM – 0254R</b>

Equipment Owner or Responsible Person		Equipment Type/Make/Model/Shape		Call Sign/Equipment ID	Registration Number
Company the inspection is conducted for		Inspected by (print)		Inspection Company	
Declaration Submitted	Towing Capacity	Meter Reading	First Inspection <input type="checkbox"/>	Annual Inspection <input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No			Random Inspection <input type="checkbox"/>	Re-Inspection <input type="checkbox"/>	

This inspection form should be done in conjunction with FRM 0254G (Medium/Heavy Rigid Truck/Bus).

	Pass	Fail	N/A		Pass	Fail	N/A
ID signage	<input type="checkbox"/>	<input type="checkbox"/>		Pinch points identified and Labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seatbelts & seating	<input type="checkbox"/>	<input type="checkbox"/>		Access & egress hard barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation & lockout labelled	<input type="checkbox"/>	<input type="checkbox"/>		Starter motor lockable isolation (yellow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kit	<input type="checkbox"/>	<input type="checkbox"/>		Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety guards	<input type="checkbox"/>	<input type="checkbox"/>		Winch ropes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher/suppression	<input type="checkbox"/>	<input type="checkbox"/>		Mast access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mansafe radiator cap (pressure relief)	<input type="checkbox"/>	<input type="checkbox"/>		Jump start receptacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency stop	<input type="checkbox"/>	<input type="checkbox"/>		Statutory checks of Mast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mast safety bar/chain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting, lights & indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control panel & gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition & housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-operation safety check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bull hose whip restraint fitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacking arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mine two-way radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression Foam Fluorine Free (Provide Evidence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Result of Inspection	Pass:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Follow up inspection required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sticker Issued (circle)	Green Orange	Sticker number:	Expiry date / /
Comments or details of repairs needed				

I certify that this report is a true record of the equipment's compliance.

Signature (Inspector): ..... Date: ..... Location of Inspection: .....