

Drilling Equipment (Rev. 0)

	YES	N/A	LOI OBSERVED
1.	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Declaration submitted to STR. (Subcontractors)
2.	<input type="checkbox"/>	<input type="checkbox"/>	Drilling operator has performed required daily equipment inspections
3.	<input type="checkbox"/>	<input type="checkbox"/>	Underground commodities, excavation limits, and buffer zones are identified on the excavation field map, and painted/marked out on the ground
4.	<input type="checkbox"/>	<input type="checkbox"/>	Drilling equipment is set up in a stable manner, with cribbing if necessary
5.	<input type="checkbox"/>	<input type="checkbox"/>	Written confirmation of required operator qualifications is available
6.	<input type="checkbox"/>	<input type="checkbox"/>	Drilling operator is familiar with the equipment operating manual and safety instructions
7.	<input type="checkbox"/>	<input type="checkbox"/>	Outriggers are used in accordance with manufacturers instructions
8.	<input type="checkbox"/>	<input type="checkbox"/>	A flagman/spotter is provided where necessary
9.	<input type="checkbox"/>	<input type="checkbox"/>	All drilling crew members have been trained in the operation, inspection, and maintenance of the equipment; the safety features and procedures to be used; and overhead electrical lines and underground hazards
10.	<input type="checkbox"/>	<input type="checkbox"/>	All drilling crew members are prohibited from wearing loose clothing, jewelry, or tool accessories that become caught in moving machinery
11.	<input type="checkbox"/>	<input type="checkbox"/>	All proximity hazards have been identified and proper controls (i.e: barricades / traffic cones) are placed properly
12.	<input type="checkbox"/>	<input type="checkbox"/>	Materials and equipment properly stored
13.	<input type="checkbox"/>	<input type="checkbox"/>	Dust controls are in place when necessary
14.	<input type="checkbox"/>	<input type="checkbox"/>	Material Safety Data Sheets (MSDS) are available at the work site for all drilling fluids and hazardous materials

Comments:

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Contractor: _____

P.O. Number: _____

Area/Location: _____

Project No: _____

Print Name_____
Signature_____
Date