

Roll Off Trucks (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"/>	Operator has performed required daily equipment inspections
3.	<input type="checkbox"/>	<input type="checkbox"/>	Operator is familiar with the equipment operating manual and safety instructions
4.	<input type="checkbox"/>	<input type="checkbox"/>	Written confirmation of required operator qualifications is available
5.	<input type="checkbox"/>	<input type="checkbox"/>	A flagman/spotter is provided where necessary
6.	<input type="checkbox"/>	<input type="checkbox"/>	All proximity hazards have been identified and proper controls (i.e: barricades / traffic cones) are placed properly
7.	<input type="checkbox"/>	<input type="checkbox"/>	Responsible Work Group Supervisor assigns a person in charge (PIC) of loading, unloading, or transport activity.
8.	<input type="checkbox"/>	<input type="checkbox"/>	Roll off pan properly loaded and secured on hauling vehicle
9.	<input type="checkbox"/>	<input type="checkbox"/>	Roll off pan contents properly positioned, secure, stable, and covered when necessary
10.	<input type="checkbox"/>	<input type="checkbox"/>	Roll off container safety latches and/or tie down devices working properly
11.	<input type="checkbox"/>	<input type="checkbox"/>	Proper controls in place to restrict non-essential personnel from the immediate proximity of loading/off loading activities

Comments:

Contractor: _____

P.O. Number: _____

Area/Location: _____

Project No: _____

Print Name_____
Signature_____
Date