VUL-FRM-10-07-BOB-CAT / BACKHOE INSPECTION FORM

Equipment Owner/Responsible person		**Equipment Type**	
Company or Department		**Call sign/Equip ID**	
Inspected by (name)		**Registration No**	
Inspection Company		**Declaration**	☐ Yes ☐ No
Hour Meter/Speedometer Reading		**Towing Capacity**	
First Inspection	☐	**Annual Inspection**	☐
Random Inspection	☐	**Re-inspection**	☐

	Pass	Fail	Report	N/A
Access to clean windows etc	☐	☐	☐	☐
Air conditioner	☐	☐	☐	☐
Brakes – Statutory dynamic test	☐	☐	☐	☐
Cabin access – steps and handrails	☐	☐	☐	☐
Cabin cleanliness	☐	☐	☐	☐
Engine safety guards	☐	☐	☐	☐
Exhaust system	☐	☐	☐	☐
Fire Extinguisher	☐	☐	☐	☐

	Pass	Fail	Report	N/A
Isolation – Battery	☐	☐	☐	☐
Isolation – Starter motor	☐	☐	☐	☐
Jump start receptacle	☐	☐	☐	☐
Label – Emergency procedures	☐	☐	☐	☐
Label – Height clearance	☐	☐	☐	☐
Labels – (WLL, Seatbelt, O/H Powerlines)	☐	☐	☐	☐
Levers / Joystick / Switches	☐	☐	☐	☐
Lights – Flashing / rotating amber	☐	☐	☐	☐

	Pass	Fail	Report	N/A
Pre-start safety checks (log book)	☐	☐	☐	☐
Radiator cap (pressure relief)	☐	☐	☐	☐
Reversing cap (pressure relief)	☐	☐	☐	☐
Reversing / travel alarm and horn	☐	☐	☐	☐
Reversing alarm	☐	☐	☐	☐
ROPS (Roll over protection system)	☐	☐	☐	☐
Seatbelt and seat	☐	☐	☐	☐
Two-way radio – mine compliant	☐	☐	☐	☐

	Pass	Fail	Report	N/A
First aid kit	☐	☐	☐	☐
FOPS (Falling Object Protective System)	☐	☐	☐	☐
Hydraulics	☐	☐	☐	☐
Identification signage	☐	☐	☐	☐

	Pass	Fail	Report	N/A
Lights – Head, tail and indicators	☐	☐	☐	☐
Maintenance and Inspection record	☐	☐	☐	☐
Modifications?	☐	☐	☐	☐
Pre-operation safety checklist	☐	☐	☐	☐

	Pass	Fail	Report	N/A
Tyres / wheels / tracks	☐	☐	☐	☐
Wheel Chocks	☐	☐	☐	☐
Windows, mirrors and wipers	☐	☐	☐	☐

INSPECTION RESULTS				
Two Way Radio	**Ext aerial ☐**	**Hand Held ☐**	**Two Way Channels**	
Compliant Yes ☐ ☐ No	**Scanned and sent to Compliance Coordinator?**		**Yes ☐ No ☐**	**Date:**
COMMENTS OR DETAILS OF REPAIRS NEEDED				

I certify that the equipment stated on this form has been assessed for compliance to the Vulcan Mine Project Equipment Compliance System and supporting Inspection Guidelines (Mention SOP).

Name of Authorised Inspector	Signature	Date	Location of Inspection

Equipment Compliance	Signature	Date

Mechanical Engineer Manager or Delegate	Signature	Date