VUL-FRM-10-14- TELEHANDLER 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 step / handrail	☐	☐	☐	☐
Air conditioning	☐	☐	☐	☐
Anti-drop / one-way valve	☐	☐	☐	☐
Battery Condition	☐	☐	☐	☐
Brakes – foot & park	☐	☐	☐	☐
Brakes – statutory dynamic test	☐	☐	☐	☐
Cabin access – step & handrail	☐	☐	☐	☐
Cabin cleanliness	☐	☐	☐	☐
Emergency equipment (triangles, etc.)	☐	☐	☐	☐

	Pass	Fail	Report	N/A
FOPS (Falling Object Protective System)	☐	☐	☐	☐
Forks / Tines / Quick Hitch / Safety Pins	☐	☐	☐	☐
Hydraulics	☐	☐	☐	☐
Identification signage	☐	☐	☐	☐
Isolation & lockout facilities	☐	☐	☐	☐
Jump start receptacle	☐	☐	☐	☐
Labelling (WLL, Seatbelt, O/H Powerlines)	☐	☐	☐	☐
Levers / Joystick / Switches	☐	☐	☐	☐
Lifting equipment	☐	☐	☐	☐

	Pass	Fail	Report	N/A
Maintenance & inspection logbook	☐	☐	☐	☐
Modifications?	☐	☐	☐	☐
Pre-operation safety checklist	☐	☐	☐	☐
Radiator pressure relief system	☐	☐	☐	☐
Reversing / travel alarm & horn	☐	☐	☐	☐
ROPS (Roll over protection system)	☐	☐	☐	☐
Seatbelt & seat	☐	☐	☐	☐
Speedometer & instrumentation	☐	☐	☐	☐
Stabilisation interlocks	☐	☐	☐	☐

	Pass	Fail	Report	N/A		Pass	Fail	Report	N/A		Pass	Fail	Report	N/A
Engine safety guarding	☐	☐	☐	☐	Lights – Elevated tail lights	☐	☐	☐	☐	Two-way radio mine compliant	☐	☐	☐	☐
Exhaust system	☐	☐	☐	☐	Lights – Flashing / rotating amber	☐	☐	☐	☐	Tyres & Wheels	☐	☐	☐	☐
Fire extinguisher	☐	☐	☐	☐	Lights – Head, tail & indicators	☐	☐	☐	☐	Wheel chocks	☐	☐	☐	☐
First Aid Kit	☐	☐	☐	☐	Load Charts	☐	☐	☐	☐	Windscreen, windows, mirrors, 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