**Safety Program for Surface Mobile Equipment: PROGRAM EVALUATION**

**Mine ID:**

**Mine Name:**

**Reason(s) for Program Evaluation**:

 [ ]  Annual evaluation
 [ ]  Change in mining conditions or practices
 [ ]  Accident or injury
 [ ]  Surface mobile equipment change or modification

**Additional Comments (Optional)**

**Evaluation Findings:**

 **Program Update(s):**As a result of the evaluation, was the Safety Program for Surface Mobile Equipment updated?

[ ]  No
[ ]  Yes

 **Name of Responsible Person:

Signature of Responsible Person:

Date:**