**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:**