

"Company Logo"

"Company Name"  
2018 CRUSHER/SCREENING PLANT DAILY INSPECTION

|                    |                    |
|--------------------|--------------------|
| Plant ID No.       | Date:              |
| Company Equip. No. | Location of Plant: |

**MAIN PLANT:**

|                                                                 |     |    |        | DATE      |
|-----------------------------------------------------------------|-----|----|--------|-----------|
|                                                                 | N/A | OK | NOT OK | CORRECTED |
| Guards in place (head/tail pulley, idlers, chains & gears, etc. |     |    |        |           |
| Fire Extinguisher in place w/ tag & current inspection          |     |    |        |           |
| Hand rails/Safety harness/Fall protection in place              |     |    |        |           |
| Hearing protection available and used                           |     |    |        |           |
| Proper PPE in Use - Hard Hats, Vests, & Safety Glasses          |     |    |        |           |
| First Aid Kit complete & one trained person on-site             |     |    |        |           |
| Stretcher & Blanket on Site                                     |     |    |        |           |
| Grounding and continuity certificate on site                    |     |    |        |           |
| List of chemicals on site                                       |     |    |        |           |
| All chemical containers labeled                                 |     |    |        |           |
| MSDS for each chemical on site                                  |     |    |        |           |
| MSHA quarterly form 7000-2 on site                              |     |    |        |           |
| Adverse Conditions:                                             |     |    |        |           |
|                                                                 |     |    |        |           |
|                                                                 |     |    |        |           |

**SITE CONDITIONS**

|                                             |  |  |  |  |
|---------------------------------------------|--|--|--|--|
| Housekeeping - neat and clean               |  |  |  |  |
| Signage - Traffic & Mine Rules              |  |  |  |  |
| Dump Sites - Adequate Berms & Bumper Blocks |  |  |  |  |
| Highwalls - Examine for Potential Hazards   |  |  |  |  |
| Stockpiles - Examine for Potential Hazards  |  |  |  |  |
| Appropriate Berms on Haul/Approach Ramps    |  |  |  |  |
| Adverse Conditions:                         |  |  |  |  |
|                                             |  |  |  |  |
|                                             |  |  |  |  |

**SUPPORT EQUIPMENT:**

**UNIT 1: EQUIPMENT NUMBER:**

|                                                        |  |  |  |  |
|--------------------------------------------------------|--|--|--|--|
| Back-up Alarm & Horn functioning                       |  |  |  |  |
| Fire Extinguisher in place w/ tag & current inspection |  |  |  |  |
| Proper PPE in use                                      |  |  |  |  |
| Lights functioning                                     |  |  |  |  |
| Seat belt in place and in use by operator              |  |  |  |  |
| Brakes functioning properly                            |  |  |  |  |
| Adverse Conditions:                                    |  |  |  |  |
|                                                        |  |  |  |  |
|                                                        |  |  |  |  |

**UNIT 2: PARTS TRAILER NUMBER:**

|                                                           |  |  |  |  |
|-----------------------------------------------------------|--|--|--|--|
| Gas Cylinders secured upright                             |  |  |  |  |
| Oxygen - Min. 20' from Fuel Gases & Combustable Materials |  |  |  |  |
| Clear Aisleways & No Trip Hazards                         |  |  |  |  |
| Fire Extinguisher in place w/ tag & current inspection    |  |  |  |  |
| Steps with handrail in place                              |  |  |  |  |
| Housekeeping - neat and clean                             |  |  |  |  |
| Adverse Conditions:                                       |  |  |  |  |
|                                                           |  |  |  |  |
|                                                           |  |  |  |  |

DATE

| UNIT 3: EQUIPMENT NUMBER:                              | N/A | OK | NOT OK | CORRECTED |
|--------------------------------------------------------|-----|----|--------|-----------|
| Back-up Alarm & Horn functioning                       |     |    |        |           |
| Fire Extinguisher in place w/ tag & current inspection |     |    |        |           |
| Proper PPE in use                                      |     |    |        |           |
| Lights functioning                                     |     |    |        |           |
| Seat belt in place and in use by operator              |     |    |        |           |
| Brakes functioning properly                            |     |    |        |           |
| Adverse Conditions:                                    |     |    |        |           |
|                                                        |     |    |        |           |
|                                                        |     |    |        |           |

| UNIT 4: EQUIPMENT NUMBER:                              | N/A | OK | NOT OK | DATE CORRECTED |
|--------------------------------------------------------|-----|----|--------|----------------|
| Back-up Alarm & Horn functioning                       |     |    |        |                |
| Fire Extinguisher in place w/ tag & current inspection |     |    |        |                |
| Proper PPE in use                                      |     |    |        |                |
| Lights functioning                                     |     |    |        |                |
| Seat belt in place and in use by operator              |     |    |        |                |
| Brakes functioning properly                            |     |    |        |                |
| Adverse Conditions:                                    |     |    |        |                |
|                                                        |     |    |        |                |
|                                                        |     |    |        |                |

**SPCC Fuel & Oil Tank Inspections**

|        |  |  |  |  |
|--------|--|--|--|--|
|        |  |  |  |  |
|        |  |  |  |  |
|        |  |  |  |  |
|        |  |  |  |  |
| NOTES: |  |  |  |  |
|        |  |  |  |  |
|        |  |  |  |  |
|        |  |  |  |  |

| DUST CONTROL                                    |             | AIR EMISSION LICENSES # |       |                |
|-------------------------------------------------|-------------|-------------------------|-------|----------------|
| Weather conditions:                             | clear       | rain                    | windy | dry            |
|                                                 |             |                         |       | DATE CORRECTED |
|                                                 |             |                         |       | OK NOT OK      |
| Water dust control system equipment functioning |             |                         |       |                |
| Approach road(s) dust control in place          |             |                         |       |                |
| Water-Spray use:                                | # of Hours: | # gal. used:            |       |                |
| NOTES:                                          |             |                         |       |                |
|                                                 |             |                         |       |                |
|                                                 |             |                         |       |                |
|                                                 |             |                         |       |                |

| DAILY PRODUCTION:      |  |  | Comments: |
|------------------------|--|--|-----------|
| Product                |  |  |           |
| Tailings               |  |  |           |
| Crusher Fuel Use (Gal) |  |  |           |
| Hours of Operation     |  |  |           |
| Hours of Downtime      |  |  |           |

This form must be completed by the operator each day. If the plant is not operating for a period of time, please indicate last date of operation and start date of operation:

THIS PLANT DID NOT OPERATE BETWEEN: \_\_\_\_\_ and \_\_\_\_\_

SIGNATURE OF COMPETENT PERSON: \_\_\_\_\_