

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

Powered haulage 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 of Program Evaluation: