

Shovel Move Audit

| Date: | | Division: | | | | Dept.: | | |
|---|-----------------------------------|-----------|-----|-------------|--------------------|--------|-------|--|
| Auditors: | | | | | | | | |
| | | | YES | NO | | COM | MENTS | |
| Is there individuals currently performing a shovel move? | | | | Name(s): | | | | |
| Has the shovel been inspected by a qualified person for | | | | | | | | |
| defects and is there documentation of this inspection? | | | | | | | | |
| This should include brake checks. | | | | | | | | |
| Is there sufficient trailing cable (400 feet) for the move? | | | | | | | | |
| Has the route of travel been evaluated for obstacles? | | | | | | | | |
| Has a 200 foot safe zone been established around the | | | | | | | | |
| shovel? | | | | | | | | |
| Has a safety watch been established for the move? | | | | | Name: | | | |
| Have spotters been selected for this move? | | | | | Name (s): | | | |
| Has signage been put in place on roadways to designate | | | | | | | | |
| the move path of the shovel? Note: Signs must also be | | | | | | | | |
| on leading and trailing equipment. | | | | | | | | |
| Has radio communication been put in place for the shovel | | | | | | | | |
| move? | | | | | | | | |
| Has it been determined that a designated shovel move | | | | Channel #: | | | | |
| channel will need to be in place for this move? | | | | | | | | |
| Has a move supervisor and shovel mechanic been | | | | Names: | | | | |
| established for this move? | | | | | | | | |
| Has a pre-move review been conducted? | | | | | Controls in place: | | | |
| Has a pre-job risk assessment been completed and all | | | | | | | | |
| parties involved with the move have signed off? | | | | | | | | |
| Is there an exemption form in place for any reason for | | | | | If yes, explain: | | | |
| this shovel move? | | | | | | | | |
| If an exemption is in place, have additional controls been | | | | | List controls: | | | |
| put in place? | | | | | | | | |
| If an exemption is in place, have all applicable parties | | | | List names: | | | | |
| signed off o | signed off on the exemption form? | | | | | | | |
| Following the audit, ask the affected individual to come down and discuss the above items with him/her. | | | | | | | | |