STATE OF NEVADA

DEPARTMENT OF TRANSPORTATION

FIELD LAB SAFETY EQUIPMENT INSPECTION

Crew No.: _____ Inspection Date: _____

Field Lab No.: _____ Inspected By: _____

Lab Location: _____ Tester (s): _____

	YES	NO	N/A	REMARKS
Fire Extinguisher #1 Charge Date _____	☐	☐	☐	
Fire Extinguisher #1 Card Initialed Monthly				
Fire Extinguisher #2 Charge Date _____	☐	☐	☐	
Fire Extinguisher #2 Card Initialed Monthly				
Fire Extinguisher #3 Charge Date _____	☐	☐	☐	
Fire Extinguisher #3 Card Initialed Monthly				
Fire Extinguisher #4 Charge Date _____	☐	☐	☐	
Fire Extinguisher #4 Card Initialed Monthly				
Fire Extinguisher Signs (One for each Ext.)	☐	☐	☐	
Eye Wash Solution Change Date _____	☐	☐	☐	
Eye Wash Card Initialed Monthly				
Eye Wash Sign	☐	☐	☐	
Exit Signs Posted (2)	☐	☐	☐	
First Aid Kit With CPR Mask and Gloves	☐	☐	☐	
First Aid Kit Sign	☐	☐	☐	
Front Door Clear	☐	☐	☐	
Back Door Clear	☐	☐	☐	
Carbon Monoxide Detector	☐	☐	☐	
Ignition Oven Venting - 2 (Chimney Sweeped)	☐	☐	☐	
Ignition Oven Coarse Filter Clean/Replace	☐	☐	☐	
Front Door Stairs with Railing	☐	☐	☐	
Back Door Stairs with Railing	☐	☐	☐	

Employee Safety Manual	☐	☐	☐	
Hazard Communication Program Manual	☐	☐	☐	
Safety Data Sheets Manual Rev. 10/20	☐	☐	☐	
NV Employment Laws Rev. 1/24	☐	☐	☐	
Insurance Certificate	☐	☐	☐	
Federal Employment Laws Rev. 4/23	☐	☐	☐	
Heat Illness Awareness Signs Rev. 2021	☐	☐	☐	
Emergency Exit Plan Posted	☐	☐	☐	
Safety Equipment is Required Sign	☐	☐	☐	
Safety Equipment Location Sign	☐	☐	☐	
Ear Plugs	☐	☐	☐	
Dust Mask	☐	☐	☐	
Safety Glasses	☐	☐	☐	
Rubber Apron	☐	☐	☐	
No Smoking Sign	☐	☐	☐	
Stock Solution Sticker	☐	☐	☐	
Working Solution Stickers (2)	☐	☐	☐	
Propane Bottle Sticker	☐	☐	☐	
Change Oil in Rice Pump (Include Flushing Oil)	☐	☐	☐	
Grease Fittings on MPA	☐	☐	☐	
Proctor Maintanence	☐	☐	☐	

Tester: _____
Signature

Resident Engineer: _____
Signature

Independent Assurance Lab: _____
Signature