

Western Plant Health Association Loading Facility Vehicle & Cylinder Inspection Sheet

Company Inspected : _____

WPHA Member: Yes No Time of Inspection: _____

Date of Inspection: _____/_____/_____

Location of Inspection: _____

Truck Number: _____ Cylinder Numbers: _____

- | | | | |
|---|-----|----|----|
| 1. Emergency 5-gallon water container mounted on cylinder ?..... | Yes | No | NA |
| 2. Emergency 5-gallon water container full and operational ?..... | Yes | No | NA |
| 3. Emergency thermal links present on all remote shut off? | Yes | No | NA |
| 4. Smart Hoses present? Hose in good condition?..... | Yes | No | NA |
| 5. Gas Canister Respirator present? In proper storage container?..... | Yes | No | NA |
| 6. Cylinder has proper emergency protection on valves and fittings? | Yes | No | NA |
| 7. Cylinders Spitters and Gauges are operational?..... | Yes | No | NA |
| 8. Emergency remote shut off marked "emergency shut off"..... | Yes | No | NA |
| 9. VIKP on cylinder current with markings..... | Yes | No | NA |
| 10. Placards in place and readable..... | Yes | No | NA |
| 11. Emergency Operating Procedures posted per 178.840(1)..... | Yes | No | NA |
| 12. Inhalation Hazard labeled on cylinder..... | Yes | No | NA |
| 13. Tire condition of cylinders good?..... | Yes | No | NA |
| 14. Are the vehicles/cylinder wheels properly choked | Yes | No | NA |

Comments _____

Driver's Name: _____

- | | | | |
|---|-----|----|----|
| 1. CDL ok current with proper endorsements..... | Yes | No | NA |
| 2. Driver carries medical card, not expired | Yes | No | NA |
| 3. Does the Driver have a current WPHA ID Badge..... | Yes | No | NA |
| 4. Is the driver wearing the WPHA ID Badge..... | Yes | No | NA |
| 5. Does the Driver have proper head protection are they wearing it | Yes | No | NA |
| 6. Does the Driver have splash proof goggles, are they wearing it..... | Yes | No | NA |
| 7. Does the Driver have proper chemical splash proof gloves, are they wearing them..... | Yes | No | NA |
| 8. Does the driver have proper splash proof work shoes..... | Yes | No | NA |
| 9. Does the Driver have the proper tools i.e. Hammer and fittings | Yes | No | NA |
| 10. Is the driver proficient in the loading procedures..... | Yes | No | NA |
| 11. Are proper attendance loading procedures followed | Yes | No | NA |
| 12. Is the driver's daily hours of service in compliance? Intra or Interstate..... | Yes | No | NA |

Notes: _____

On site inspectors Name

Signature

Date of Report

I certify that the information specified above on this report is true and accurate at the time/date of inspection.