**Daily Equipment Evaluation Policy (EXAMPLE)**

**Technician Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Vehicle Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment Evaluation List**

**Fleet Vehicle:** All mechanical components of the vehicle are in good condition

**Spill Kit:** Easily accessible in case of a spill emergency

**Fire extinguisher:** Easily accessible, and in good condition

**First aid kit:** Easily accessible, and contains all necessary materials

**PPE:** All required PPE is present and in good condition

**Flashlight:** In good condition, stored properly, battery charged

**Moisture meter:** Stored in cabin, fully functional

**Backpack sprayer:** Filters clean, hose intact, no leaks, battery charged, calibrated

**One gallon sprayer:** Filters clean, hose intact, no leaks, tip in good condition

**Granule spreader:** In good condition, evenly spread material, calibrated

**Web removal pole:** Extends properly, brush in good condition

**Mosquito Mister:** Filters clean, hose intact, no leaks, engine runs smoothly, extra Truefuel present

**Power Duster:** Chamber dry, unclogged, stored properly, battery charged

**Gel bait applicator gun:** In good condition

**Products:** All products required for today’s services are present and properly stored

**Label/SDS:** All labels and SDS sheets for every product stored in the vehicle are quickly accessible

**By signing this document, I agree to keep all the equipment that is assigned to me in good condition. Each day before I begin my route, I will inspect and evaluate all the equipment on my vehicle and ensure that the condition of each item meets or exceeds the requirements listed above. If I find a deficiency with any of my equipment, I will immediately report the issue to my supervisor. I understand that failure to comply with this document will result in a policy violation that will go on my company record.**

**Technician Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insert Company Name