

DAILY SELF-CONTAINED CAISSON DRILL INSPECTION

UNIT # _____ MAKE _____ HOURS _____ WK END DATE _____

JOB # _____ OPERATOR / INSPECTOR _____

MARK (S) FOR SATISFACTORY MARK (U) FOR UNSATISFACTORY FOR EACH DAY

MON	TUE	WED	THR	FRI		MON	TUE	WED	THR	FRI	
___	___	___	___	___	FLUID LEVELS, BELTS, HOSES	___	___	___	___	___	FRAME WELDS
___	___	___	___	___	MAST	___	___	___	___	___	TRACKS
___	___	___	___	___	ROTARY HEAD	___	___	___	___	___	ROLLERS
___	___	___	___	___	TRANSMISSION	___	___	___	___	___	DRIVE SHAFT
___	___	___	___	___	EXHAUST SYSTEM	___	___	___	___	___	CONTROL LEVERS
___	___	___	___	___	HYDRAULIC SYSTEM	___	___	___	___	___	HOIST LINES
___	___	___	___	___	TURNTABLE SLIDE	___	___	___	___	___	HOIST DRUMS
___	___	___	___	___	PENDANT CABLES	___	___	___	___	___	KELLY BAR
___	___	___	___	___	MAST CYLINDERS	___	___	___	___	___	SHEAVES
___	___	___	___	___	BATTERY	___	___	___	___	___	SWIVEL

NOTE ANY REPAIRS OR REPLACED ITEMS BELOW:

SIGNATURE OF INSPECTOR / OPERATOR