

INSPECTIONS FORM

Technician Name:	Date:
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TOOLS INSPECTION:

Tool Name:	Yes:	No:	Notes:
Meter			
Compression Tool			
Termination Tool			
Toner			
Clip Gun			
Cable Stripping Tool			
Torque Wrench			
Hammer Drill			
Cable Caddy			
Star Key			
Hammer			
Screwdriver			
Test Set			
Flashlight			
Telephone Crimp Tool			

PPE INSPECTION:

Item	Yes:	No:	Notes:
Safety Glasses			
Climbing Belt			
Lanyard			
Safety Vest			
Hard Hat			
Gloves			

Please check here if technician will be leasing an ITG Company Vehicle. If applicable, skip to Approvals

Please check here if technician will be driving an approved Personal Vehicle (Copy of Vehicle Registration and Insurance is required). If applicable fill in section below:

VEHICLE INFORMATION:

Vehicle VIN:	
License Plate:	
Insurance Provider:	

VEHICLE INSPECTION:

ITEMS	Yes:	No:	Notes:
28" LADDER			
6" LADDER			
LADDER STRAP			
FIRST AID KIT			
TRAFFIC CONE			

APPROVALS:

Supervisor Name:	Supervisor Signature:
Manager Name:	Manager Signature: