

**LEAD OPERATOR**

|  |  |  |
| --- | --- | --- |
|  | **Date** | **Name** |
|  |  |  |
| Test emergency alarm at 9:00am on Monday |  |  |
| Change out spray boom on Monday |  |  |
| Clean combustion filters on Tuesday |  |  |
|  |  |  |

**TM 2**

|  |  |  |
| --- | --- | --- |
| Check eye wash stations on Friday |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Check emergency lights first Tuesday of the month |  |  |
|  |  |  |
|  |  |  |
|  |  |  |