NCCCO has established specific safety conditions and guidelines that each practical exam must follow. This Drill Rig Readiness Report is a verification tool used to ensure that all testing parameters are within strict, safe working conditions. Before testing is conducted, the drill rig being used for testing must have its own unique report filled out. This report should be completed in ink, signed by the Examiner, and sent with the Site Report to: NCCCO—Testing Services Department, 1960 Bayshore Blvd., Dunedin, FL 34698.

REMINDER: Each drill rig used must have a separate report filled out.							
TEST SITE NUMBER				DATE			
NAME OF TEST SITE COORDINATOR		N	NAME OF PRACTICAL EXAMINER				
DRILL RIG OWNER/COMPANY NAME							
DRILL RIG OWNER/COMPANY POINT OF CONTACT			PHONE NUMBER				
MAKE & MODEL OF DRILL RIG	& MODEL OF DRILL RIG			SERIAL NUMBER OF DRILL RIG			
RIG LENGTH	LENGTH			RIG WIDTH			
Examiner Checklist:							
☐ Verify anchor/micropile drill rig has a current service for more than 12 months; all supporti				tion or initial inspection if the unit has not been in accordance with manufacturer requirements			
☐ Complete a pre-operational shift inspection t	_			-			
☐ Tracks fully extended per manufacturer's reco	ommen	dations					
Course dimensions							
RIG LENGTH				WORKING AREA LENGTH			
	X	4	=				
RIG WIDTH				WORKING AREA WIDTH			
	X	3	=				
RIG LENGTH				STARTING AREA LENGTH			
+ 3 ft	3 ft.	t. =					
RIG WIDTH				STARTING AREA WIDTH			
+	+	2 ft.	=				

 $See\ reverse\ side\ to\ complete\ drill\ rig\ verification.$

ANCHOR/MICROPILE DRILL RIG EQUIPMENT READINESS REPORT (CONT'D)

Barrel Obstruction Location

RIG LENGTH	X	1	=	DISTANCE FROM SHORT EDGE (TO CENTER OF BARREL OBSTRUCTION)
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STARTING AREA WIDTH	X	0.25	=	OFFSET DISTANCE FROM CENTERLINE OF COURSE (TO CENTER OF BARREL OBSTRUCTION)
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^{*}Barrel should be placed on the opposite side of rig manual control station.

I attest that this is a true and accurate report of the drill rig being used for testing.

EXAMINER SIGNATURE PRINTED NAME OF EXAMINER EXAMINER'S ACCREDITATION #

DATE