

Service Vehicle Check List

Service Vehicle Labeling:

- Is your business name displayed on both sides of service vehicle (at least 2" in height)?
 YES NO (if NO, review NAC 555.425)
- Is your permanent license number displayed on both sides of service vehicle (at least 2" in height)? YES NO (if NO, review NAC 555.425)

Chemical Storage:

- Are undiluted (concentrated) pesticides being stored in a locked location at all times?
 YES NO (if NO, review NAC 555.400)
- Are diluted pesticides (in a backpack sprayer, B&G, etc.) secured from unauthorized access?
 YES NO (if NO, review NAC 555.440)
- Are there any loose or empty pesticide containers in the service vehicle which are not locked?
 YES NO (if YES, review NAC 555.440)
- Are there any spilled pesticides in the service vehicle which are not cleaned up and properly disposed? YES NO (if YES, review NAC 555.440)
- Are there any pesticides on your service vehicle which require an abbreviated label? (does not apply to application devices or pesticides in their original containers)? YES NO (if YES, review NAC 555.445).
- Do you have a complete label for all pesticides carried on your service vehicle?
 YES NO (if NO, review NAC 555.445).

Spill Kit:

- Do you have absorbent material capable of absorbing more than one gallon of spilled material in your service vehicle? YES NO (if NO, review NAC 555.425)
- Do you have containment for spilled material and contaminated clothing (i.e. bucket) in your service vehicle? YES NO (if NO, review NAC 555.425)
- Do you have sufficient potable water to wash skin, hands, face exposed to pesticides (i.e. 1 gallon) in your service vehicle? YES NO (if NO, review NAC 555.425)

Personal Protective Equipment:

Use the chart below to determine if you have the appropriate PPE on your service vehicle.

Chemical Name:	#1)	#2)	#3)
write in here → →			
Eye protection required? (list type: goggles, safety glasses, face shield etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
Gloves required? (list type: rubber, neoprene, chemical resistant, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
Long Sleeved Shirt required?	<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have? <input type="checkbox"/> YES <input type="checkbox"/> NO
Long Pants required?	<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other safety equipment required: (list: respirator, chemical resistant apron, change of clothing, soap, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ _____
	Do you have all of the above required PPE? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have all of the above required PPE? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have all of the above required PPE? <input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: If any of the above are required and you do not have the required PPE on the service Vehicle, it is a violation of NAC 555.440 and this regulation should be reviewed.