

Date: _____ Time: _____ E # _____

Incident Name: _____ Incident # _____

Company / Contractor: _____ Equipment ID: _____

Agreement # _____ Equipment Make: _____

VIN/Serial # _____ Equipment Model: _____

EQUIPMENT TYPE / ATTRIBUTES

<input type="checkbox"/> Type 1 – 18” min. diameter	<input type="checkbox"/> Type 2 – 13 ⇒ 17” diameter	<input type="checkbox"/> Type 3 – 9 ⇒ 12” diameter
<input type="checkbox"/> Self-Propelled	<input type="checkbox"/> Tow-Behind	<input type="checkbox"/> Boom Feed (optional)

MINIMUM EQUIPMENT REQUIREMENTS

	<i>Not all inclusive; for additional clarification refer to the agreement (SF-1449 section D).</i>		Yes	No
1	Equipment VIN/serial # matches resource order (Schedule of Items)	D.6.3.1		
2	Check-in process completed	D.6.5.3		
3	OF-296 Vehicle/Heavy Equipment Pre-use Inspection Checklist completed	D.17		
4	Agreement: One complete copy	D.8		
5	3 Person Crew: All types must have 3 personnel.	D.2.1.1		
6	Personnel: Full Name & RT-130 Fire Line Refresher Completion Dates	D.3.1		
	Name 1: _____ Date: _____			
	Name 2: _____ Date: _____			
	Name 3: _____ Date: _____			
7	Boots: All leather, 8” high with lug type sole in good condition.	D.2.1		
8	PPE: For ALL personnel Hardhat, Gloves, Hearing Protection, Eye Protection, Headlamp w/batteries	D.2.1		
9	Flame resistant clothing: Minimum 2 full sets of flame-resistant shirts and pants certified to NFPA 1977 standard for ALL personnel.	D.2.1		
10	Fire shelter: New Generation, for ALL personnel.	D.2.1		
11	Spare Tire: Full size spare tire, securely mounted to vehicle with minimum of 2/32” tread for rear and 4/32” tread for steering axle.	D.2.2.1		
12	Fire extinguisher: 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag.	D.2.1.2		

VIPR Fire Equipment Incident Compliance Inspection Checklist

CHIPPER

13	Transportation: <i>If a tow-behind unit is offered.</i> <input type="checkbox"/> Vehicle must be capable of providing transportation to and from the Fireline. <input type="checkbox"/> Vehicle must be 4-wheel or all-wheel drive capable.	D.2.2		
14	In-feed mechanism operates in forward, reverse, and stop modes.	D.2.1.1		

☐ Equipment meets agreement specifications
 ☐ Equipment does not meet agreement specifications

Inspector: _____ Date: _____
Print Sign

Operator: _____ Date: _____
Print Sign

☐ Contractor given the opportunity to correct noted deficiencies (***See Remarks***)
 ☐ Contractor successfully corrected noted deficiencies

Inspector: _____ Date: _____
Print Sign

REMARKS: *(Note in detail any deficiencies, pertinent information, comments, etc.)*
