<i>Date:</i>	Time:		E #
Incident Nan	ne:	Incident #	
Company / Contractor:		Equ	uipment ID:
Agreement #		Equipment Ma	ke:
VIN/Serial #		Equipment Mod	lel:
	EQUIPME	ENT TYPE	
	Type 1 – 240+ HP & 60,000+ lbs.	Type 2 $-150 \Rightarrow 2$	250 HP & 35,000 + lbs.
	Type 3 – 99 \Rightarrow 165 HP & 20,000 + lbs.	$\boxed{\qquad} \textbf{Type 4} - 50 \Rightarrow 11$	0 HP & 10,000 + lbs.

MINIMUM EQUIPMENT REQUIREMENTS

	Not all inclusive; for additional clarification refer to the agreement (SF-1449 section D).		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	Personnel: Full Name & RT-130 Fire Line Refresher Completion Dates Operator Name: Date:	D.3.1		
6	Lighting: 2 forward & 2 rear, mounted to the equipment in such a way to provide protection from damage and provide illumination beyond the work area.	D.2.1.2		
7	Back-Up Alarm	D.2.1.2		
8	Programmable Radio: One (1) handheld programmable radio with two (2) fully charged battery packs.	D.2.1.2		
9	Shovel	D.2.1.2		
10	Boots: All leather, 8" high with lug type sole in good condition	D.2.1.2		
11	PPE: For ALL personnel Hardhat, Gloves, Hearing Protection, Eye Protection, Headlamp w/batteries	D.2.1.2		
12	Flame resistant clothing: <i>Minimum 2 full sets</i> of flame-resistant shirts and pants certified to NFPA 1977 standard for ALL personnel.	D.2.1.2		
13	Fire shelter: New Generation, for ALL personnel.	D.2.1.2		
14	Fire extinguisher: 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag.	D.2.1.2		

Updated: 1/26/2022

VIPR Fire Equipment Incident Compliance Inspection Checklist **DOZER** First aid kit: 5 person minimum D.2.1.2 **OPTIONAL ATTRIBUTES** Winch 16 D.6.2 17 **Ripper** D.6.2 Grapple 18 D.6.2 19 **Low Ground Pressure (Wide Tracks)** D.6.2 Equipment meets agreement specifications Equipment does not meet agreement specifications Date: _____ Inspector: Operator: Date: Sign Contractor given the opportunity to correct Contactor successfully corrected noted deficiencies (See Remarks) noted deficiencies Inspector: Date: **REMARKS:** (*Note in detail any deficiencies, pertinent information, comments, etc.*)

Updated: 1/26/2022