VIPR Fire Equipment Incident C	compliance Inspection Chec	klist	FELLER BUNCHER
Date:	<i>Time</i> :		<i>E</i> #
Incident Name:		Incident #	
Company / Contractor:		I	Equipment ID:
Agreement #		Equipment I	Make:
VIN/Serial #		Equipment M	Iodel:
	EQUIPM	ENT TYPE	

Туре 1 – 226+ НР	
1 ype 1 – 220+ 111	

Type 2 – 160-225 HP

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 DatesOperator 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		

/IPR Fire Equipment Incident Compliance Inspection Checklist		FELLER BU	FELLER BUNCHER		
5 First aid kit: 5 person minimum	D.2.1.2				
OPTIONAL	ATTRIBUTES				
Carrier Type 16 □ Rubber Tired (Wheeled) □ Track Mounted		D.6.2			
Cutting Head In Bar Saw In Rotating Disc Saw In Harvester Head (Processor)		D.6.2			
Equipment meets agreement specifications	Equipment does not	t meet agreement speci	fications		
Inspector:	Sign	Date:			
Operator:	Date:				
Contractor given the opportunity to corr noted deficiencies (<i>See Remarks</i>)	ect Contactor noted defi	successfully corrected	l		
Inspector:	Sign	Date:			
REMARKS: (Note in detail any deficiencies, pertine	nt information, commen	ts, etc.)			