

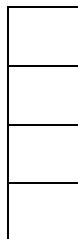
Date: _____ Time: _____ E # _____

Incident Name: _____ Incident # _____

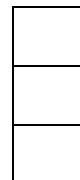
Company /
Contractor: _____ Equipment ID: _____

Agreement # _____ Equipment Make: _____

VIN/Serial # _____ Equipment Model: _____

EQUIPMENT TYPE**Boom Mounted**

Type 1 – 156+ HP
Type 2 – 111 ⇒ 155 HP
Type 3 – 81 ⇒ 110 HP
Type 4 – 60 ⇒ 80 HP

Strip Mulcher

Type 1 – 200 ⇒ 350 HP
Type 2 – 100 ⇒ 199 HP
Type 3 – 50 ⇒ 99 HP

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	Personnel: Full Name & RT-130 Fire Line Refresher Completion Dates Operator Name: _____ Date: _____	D.3.1		
6	Lighting on Strip Mulcher ONLY: 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.2.1.1		
7	Lighting on Boom Mounted ONLY: 2 forward, mounted to the equipment in such a way to provide protection from damage and provide illumination beyond the work area. Attachments to parent machine must be illuminated for night operations.	D.2.1.1		
8	Back-Up Alarm	D.2.2		
9	Programmable Radio: One (1) handheld programmable radio with two (2) fully charged battery packs.	D.2.1.1		

10	Shovel	D.2.1.1		
11	Boots: All leather, 8" high with lug type sole in good condition	D.2.1.1		
12	PPE: <i>For ALL personnel</i> Hardhat, Gloves, Hearing Protection, Eye Protection, Headlamp w/batteries	D.2.1.1		
13	Flame resistant clothing: <i>Minimum 2 full sets</i> of flame-resistant shirts and pants certified to NFPA 1977 standard for ALL personnel.	D.2.1.1		
14	Fire shelter: New Generation, <i>for ALL personnel.</i>	D.2.1.1		
15	Fire extinguisher: 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag.	D.2.1.1		
16	First aid kit: 5 person minimum	D.2.1.1		

OPTIONAL ATTRIBUTES

17	Carrier Type <input type="checkbox"/> Rubber Tired (Wheeled) <input type="checkbox"/> Track Mounted	D.6.2		
18	Cab Leveling (<i>Boom Mounted ONLY</i>)	D.6.2		

Equipment meets agreement specifications Equipment does not meet agreement specifications

Inspector: _____ Date: _____
Print *Sign*

Operator: _____ Date: _____

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

Inspector: _____ Date: _____