

Date: \_\_\_\_\_ Time: \_\_\_\_\_ E # \_\_\_\_\_

Incident Name: \_\_\_\_\_ Incident # \_\_\_\_\_

Company /  
Contractor: \_\_\_\_\_ Equipment ID: \_\_\_\_\_

Agreement # \_\_\_\_\_ Equipment Make: \_\_\_\_\_

VIN/Serial # \_\_\_\_\_ Equipment Model: \_\_\_\_\_

**EQUIPMENT TYPE****Boom Mounted**

<input type="checkbox"/>	Type 1 – 156+ HP
<input type="checkbox"/>	Type 2 – 111 ⇒ 155 HP
<input type="checkbox"/>	Type 3 – 81 ⇒ 110 HP
<input type="checkbox"/>	Type 4 – 60 ⇒ 80 HP

**Strip Mulcher**

<input type="checkbox"/>	Type 1 – 200 ⇒ 350 HP
<input type="checkbox"/>	Type 2 – 100 ⇒ 199 HP
<input type="checkbox"/>	Type 3 – 50 ⇒ 99 HP

**MINIMUM EQUIPMENT REQUIREMENTS**

	<i>Not all inclusive; for additional clarification refer to the agreement (SF-1449 section D).</i>		<b>Yes</b>	<b>No</b>
1	<b>Equipment VIN/serial # matches resource order</b> (Schedule of Items)	D.6.3.1		
2	<b>Check-in process completed</b>	D.6.5.3		
3	<b>OF-296 Vehicle/Heavy Equipment Pre-use Inspection Checklist completed</b>	D.17		
4	<b>Agreement:</b> One complete copy	D.8		
5	<b>Personnel:</b> Full Name & RT-130 Fire Line Refresher Completion Dates Operator Name: _____ Date: _____	D.3.1		
6	<b>Lighting on Strip Mulcher ONLY:</b> 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	<b>Lighting on Boom Mounted ONLY:</b> 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	<b>Back-Up Alarm</b>	D.2.2		
9	<b>Programmable Radio:</b> One (1) handheld programmable radio with two (2) fully charged battery packs.	D.2.1.1		

10	<b>Shovel</b>	D.2.1.1		
11	<b>Boots:</b> All leather, 8" high with lug type sole in good condition	D.2.1.1		
12	<b>PPE:</b> <i>For ALL personnel</i> Hardhat, Gloves, Hearing Protection, Eye Protection, Headlamp w/batteries	D.2.1.1		
13	<b>Flame resistant clothing:</b> <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	<b>Fire shelter:</b> New Generation, <i>for ALL personnel.</i>	D.2.1.1		
15	<b>Fire extinguisher:</b> 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag.	D.2.1.1		
16	<b>First aid kit:</b> 5 person minimum	D.2.1.1		
<b>OPTIONAL ATTRIBUTES</b>				
17	<b>Carrier Type</b> <input type="checkbox"/> Rubber Tired (Wheeled) <input type="checkbox"/> Track Mounted	D.6.2		
18	<b>Cab Leveling (<i>Boom Mounted ONLY</i>)</b>	D.6.2		

☐ 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***)
 ☐ Contactor successfully corrected noted deficiencies

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print*
*Sign*

<b>REMARKS:</b> <i>(Note in detail any deficiencies, pertinent information, comments, etc.)</i>