

Date: _____ Time: _____ E # _____

Incident Name: _____ Incident # _____

Company /
Contractor: _____ Equipment ID: _____

Agreement # _____ Equipment Make: _____

VIN/Serial # _____ Equipment Model: _____

EQUIPMENT TYPE
☐
☐
Type 1 – 240+ HP & 60,000+ lbs.
☐
☐
Type 2 – 150 ⇒ 250 HP & 35,000 + lbs.**Type 3** – 99 ⇒ 165 HP & 20,000 + lbs.**Type 4** – 50 ⇒ 110 HP & 10,000 + lbs.**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: 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: Minimum rating of 87db or greater.	D.2.1.2	☐	☐
8	ROPS (Rollover Protection Structure): Manufacturer's data plate or documentation certifying the enclosure meet ISO and SAE's safety requirements.	D.2.1.2	☐	☐
9	Deflectors: Are covering the minimum of the front of cab.	D.2.1.2	☐	☐
10	Doors/Hatches: Cab has a minimum of two points of access and egress	D.2.1.2	☐	☐
11	Programmable Radio: One (1) handheld programmable radio with two (2) fully charged battery packs.	D.2.1.2	☐	☐
12	Shovel	D.2.1.2	☐	☐
13	Boots: All leather, 8" high with lug type sole in good condition	D.2.1.2	☐	☐
14	PPE for ALL personnel: ☐ Hardhat ☐ Gloves ☐ Hearing Protection ☐ Eye Protection ☐ Headlamp w/batteries	D.2.1.2	☐	☐

VIPR Fire Equipment Incident Compliance Inspection Checklist

DOZER

15	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	☐	☐
16	Fire shelter: New Generation, <i>for ALL personnel.</i>	D.2.1.2	☐	☐
17	Fire extinguisher: 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag. DATE:	D.2.1.2	☐	☐
18	First aid kit: 5 person minimum	D.2.1.2	☐	☐
OPTIONAL ATTRIBUTES				
19	Winch	D.6.2	☐	☐
20	Ripper	D.6.2	☐	☐
21	Grapple	D.6.2	☐	☐
22	Low Ground Pressure (Wide Tracks)	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***) ☐ Contractor successfully corrected noted deficiencies

Inspector: _____ Date: _____
Print *Sign*

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

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