

**FELLER BUNCHER INCIDENT INSPECTION CHECKLIST****Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

INCIDENT NAME: \_\_\_\_\_ INCIDENT NUMBER: \_\_\_\_\_ RESOURCE #: E- \_\_\_\_\_

COMPANY/CONTRACTOR: \_\_\_\_\_

AGREEMENT NUMBER: \_\_\_\_\_

EQUIPMENT MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

VIN/SERIAL #: \_\_\_\_\_

OPERATOR NAME: \_\_\_\_\_

**EQUIPMENT and OPERATOR REQUIREMENTS – Feller Buncher** Type 1: 226+ HP Type 2: 160-225 HP**Minimum Requirements***Not all inclusive; for additional clarification refer to agreement (SF-1449 section D)***Yes** **No**

|    |   |                               |  |  |
|----|---|-------------------------------|--|--|
| 1  | <b>Agreement</b> (One complete copy)  | (D.8)                         |  |  |
| 2  | <b>Check-In Process Completed</b> (Note: Also includes; Finance, and Plans)   | (D.6.5.3)                     |  |  |
| 3  | <b>VIN/Serial # matches Resource Order</b> (may also have to verify on DPL): Note: This is also a business rule that could affect payment.  | (Schedule of Items) (D.6.3.1) |  |  |
| 4  | <b>RT-130 Fire Line Refresher including Fire Shelter:</b> Date: _____   | (D.3.1)                       |  |  |
| 5  | <b>Incident Pre-Use Inspection Completed</b><br>(OF-296 Vehicle/Heavy Equipment Mechanical Inspection)  | (D.17) (D.17.1)               |  |  |
| 6  | <b>Equipment arrived at incident washed:</b> (Debris and noxious weeds free)  | (D.15)                        |  |  |
| 7  | <b>Horse Power:</b> Feller Buncher HP: _____ (Does this match Typing?)  | (D.2.1.1)                     |  |  |
| 8  | <b>ROPS and FOPS:</b> Meeting the standards set forth by OSHA for Forestry work for the year that the machine was constructed is required. A manufacturer's nameplate certifying the operator enclosure or alternative documentation that the cab meets these provisions is required  | (D.2.1.1)                     |  |  |
| 9  | <b>Operator Protection;</b> Meets all applicable federal and state (the state where equipment is registered) safety standards (per OSHA, 29 CFR 1910.266). Must have operator protection, such as a Forestry cab package with wire mesh or safety glazing that provides equivalent protection   | (D.2.1.1)                     |  |  |
| 10 | <b>Operator Protection;</b> Polycarbonate window glazing (for all machines that use attachments that have potential for chain shot or cutting tooth damage to the operator)   | (D.2.1.1)                     |  |  |
| 11 | <b>Deflectors:</b> Shall be installed in front of the operator area to deflect whipping saplings and branches   | (D.2.1.1)                     |  |  |
| 12 | <b>Lighting:</b> Two (2) minimum, forward facing lights used for night operations   | (D.2.1.1)                     |  |  |
| 13 | <b>PPE:</b> <input type="checkbox"/> <b>Boots</b> <input type="checkbox"/> <b>Hard Hat</b> (Hardhat meeting NFPA Standard 1977) <input type="checkbox"/> <b>Gloves</b> <input type="checkbox"/> <b>Headlamp with batteries</b> <input type="checkbox"/> <b>Hearing Protection</b> <input type="checkbox"/> <b>Eye Protection</b> <input type="checkbox"/> | (D.2.1.1)                     |  |  |
| 14 | <b>Fire Shelter:</b> New Generation   | (D.2.1.1)                     |  |  |

*(Optional/Attributes)*

|    |   |         |  |  |
|----|---|---------|--|--|
| 15 | <b>Carrier Type:</b> Rubber Tired (Wheeled) <input type="checkbox"/> Track mounted <input type="checkbox"/>                               | (D.6.2) |  |  |
| 16 | <b>Cutting Heads:</b> Bar Saw <input type="checkbox"/> Rotating Disc Saw <input type="checkbox"/> Harvester Head <input type="checkbox"/> | (D.6.2) |  |  |

Equipment meets agreement specifications       Equipment does not meet agreement specifications

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print and sign)

Contractor: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print and sign)

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

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

**REMARKS:** \_\_\_\_\_  
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