

Date: _____ Time: _____ E # _____

Incident Name: _____ Incident # _____

Company /
Contractor: _____ Equipment ID: _____

Agreement # _____ Equipment Make: _____

VIN/Serial # _____ Equipment Model: _____

EQUIPMENT TYPE

<input type="checkbox"/>	Type 1 – Min. 160 HP & 50,000 lbs.	<input type="checkbox"/>	Type 2 – Min. 111 HP & 30,000 lbs.
<input type="checkbox"/>	Type 3 – Min. 81 HP & 20,000 lbs.	<input type="checkbox"/>	Type 4 – Min. 60 HP & 15,000 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	Hydraulic Thumb or Clamshell Bucket	D.2.1.2		
7	Steel tracks	D.2.1.2		
8	Lighting: 2 forward facing lights, mounted to the equipment in such a way to provide protection from damage and provide illumination beyond the work area.	D.2.1.2		
9	Back-Up Alarm	D.2.1.2		
10	Programmable Radio: One (1) handheld programmable radio with two (2) fully charged battery packs.	D.2.1.2		
11	Shovel	D.2.1.2		
12	Boots: All leather, 8" high with lug type sole in good condition.	D.2.1.2		
13	PPE: <i>For ALL personnel</i> Hardhat, Gloves, Hearing Protection, Eye Protection, Headlamp w/batteries	D.2.1.2		

VIPR Fire Equipment Incident Compliance Inspection Checklist

EXCAVATOR

14	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		
15	Fire shelter: New Generation, <i>for ALL personnel.</i>	D.2.1.2		
16	Fire extinguisher: 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag. DATE:	D.2.1.2		
17	First aid kit: 5 person minimum	D.2.1.2		
OPTIONAL ATTRIBUTES				
18	Clamshell Bucket	D.6.2		
19	Up-Down Blade or Dozer Blade	D.6.2		
20	Steep Ground Excavator	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.*)
