

EQUIPMENT KIND: DOZER (Heavy Equipment), TYPE _____

DATE: _____ TIME: _____

CONTRACT FIRE EQUIPMENT - INCIDENT INSPECTION CHECKLIST

FIRE NAME: _____ INCIDENT NUMBER: _____ RESOURCE #: _____

COMPANY/CONTRACTOR: _____

CONTRACT / AGREEMENT NUMBER: _____

MAKE of DOZER: _____ MODEL of DOZER: _____

SERIAL# on DOZER: _____

OPERATOR NAME: _____

EQUIPMENT and OPERATOR REQUIREMENTS – DOZER

<u>#</u>	<u>Minimum Requirements</u>	<u>Pass</u>	<u>Fail</u>
---	<i>(Not all inclusive, for additional items and clarification refer to contract – Section D)</i>	---	---
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1	Two copies of complete Agreement/Contract: One for finance, one in vehicle (D.8)		
2	Successfully completed the Mechanical, OF-296 Inspection (Vehicle/Heavy Equipment Safety Inspection) at this incident, has completed OF-296 form in vehicle (D.17) (D.17.1)		
3	Serial# or VIN# on agreement and resource order, matches Serial# or VIN# on this Dozer (D.6.3.1) (D.6.4.1)		
4	Completed Check-In Process: Which also includes, Finance, and Plans (D.6.5.1) (D.6.5.3)		
5	Operator of dozer possesses valid driver's license or state I.D. (D.6.6)		
6	RT-130 Fire Line Refresher including Fire Shelter (current) (D.3.1_1) DATE: _____ AGENCY/LOCATION: _____		
7	Fire Extinguisher: Multi-purpose, 2A 10BC, with current inspection tag. Securely mounted to vehicle and accessible by the operator (D.2.1.2_2)		
8	Seat Belt(s) (D.2.1.2_7)		
9	Flashlight (D.2.1.2_8)		
10	Water: At least 1 gallon drinking water (D.2.1.2_9)		
11	First aid kit: 5 person minimum (D.2.1.2_10)		
12	PPE: <input type="checkbox"/> Boots, <input type="checkbox"/> Hard Hat, <input type="checkbox"/> Gloves, <input type="checkbox"/> Eye Protection, <input type="checkbox"/> Hearing Protection, <input type="checkbox"/> Headlamp with batteries (D.2.1.2.11)		
13	Fire Shelter: New generation (D.2.1.11)		
14	Flame Resistant Clothing: Two Full Sets (D.2.1.2.11)		
15	Shovel (D.2.1.2_3)		
16	Spark Arrester (exhaust) <input type="checkbox"/> Turbo (exhaust) <input type="checkbox"/> (D.2.1.2_4)		
17	All factory guards in place and functional (i.e. engine compartment) (D.2.1.2_5)		
18	Radiator Protection (D.2.1.2_6)		
19	Rollover Protective Structure (ROPS) (D.2.1.2.1_1)		
20	ROPS, manufacturer's nameplate or documentation certifying the operator's enclosure meets ISO or SAE safety requirements (D.2.1.2.1_1)		
21	Operator Protection System installed, such as; Forestry cab with wire mesh, safety glazing (polycarbonate windows), and deflectors. Protection for operator on Sides, Top (canopy), Front and Rear of dozer (D.2.1.2.1_2)		

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#	Minimum Requirements - continued	Pass	Fail
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22	Underbody protection: Belly pan, rock guards (unless not recommended by manufacture) (D.2.1.2.1_4)		
23	Lighting: 2 lights forward, 2 lights rear. All 4 work. Lights provide illumination beyond the blade (D.2.1.2.1_3)		
24	Back-Up Alarm: Audible reverse warning device. (D.2.1.2_1)		
25	Horse Power, Dozer (flywheel): _____ Does this match this Dozers Typing? (D.2.1.1) (D.6.2) also Exhibit J		
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26	Blade Type: Straight/Manual Angle <input type="checkbox"/> 4 Way Hydraulic <input type="checkbox"/> 6-Way Hydraulic <input type="checkbox"/> (D.6.2) also Exhibit J (power angle tilt)	-----	-----
27	Winch: Yes <input type="checkbox"/> No <input type="checkbox"/> (D.2.1.2.1_6) (D.6.2) also Exhibit J	-----	-----
28	Ripper: Yes <input type="checkbox"/> No <input type="checkbox"/> (D.6.2)	-----	-----
29	Grapple: Yes <input type="checkbox"/> No <input type="checkbox"/> (D.6.2)	-----	-----
30	Low Ground Pressure attribute: Yes <input type="checkbox"/> No <input type="checkbox"/> (D.6.2)	-----	-----
31	Was dozer immediately assigned to fireline upon arrival: Yes <input type="checkbox"/> No <input type="checkbox"/>	-----	-----
32	Dozer arrived at incident washed: (Debris and noxious weeds free) Yes <input type="checkbox"/> No <input type="checkbox"/> (D.15)	-----	-----

Yes Contract Deficiencies Found

No Contract Deficiencies Found

Contractor is given the opportunity (*Optional*), to correct noted deficiencies. May be given up to 24 Hours as of:

Date: _____ Time: _____ See Remarks (D.7.1.1) (D.17)

Contactor successfully corrected noted deficiencies: Date: _____, Time: _____

Inspector: _____

REMARKS:

CONTRACTOR REPRESENTATIVE: _____ **Title:** _____
(Print and Sign)

GOVERNMENT INSPECTOR: _____ **Title:** _____
(Print and Sign)