_____Passed
_____Pending
_____Failed

STAND ALONE TRANSPORT
HANDS-ON FIRE EQUIPMENT CHECKLIST

COMPANY NAME:_____DATE:_____

EQUIPMENT MAKE: _____ MODEL: _____

VIN/SERIAL #: _____EQUIPMENT/UNIT ID: _____

LISCENSE PLATE: _____STATE:_____

EQUIPMENT and OPERATOR REQUIREMENTS – STAND ALONETRANSPORT

☐ Type 1: Rated at loads over 70,000 lbs   ☐ Type 2: Rated at loads 35,001-- 69,999 lbs   ☐ Type 3: Rated at loads up to 35,000lbs

Minimum Requirements
Not all inclusive; for additional clarification refer to agreement (SF-1449 section D)

	Requirement		Yes	No
1	**Equipment VIN/Serial # matches VIPR**: (Schedule of Items)	(D.6.3.1)		
2	**Does Tractor/Trailer combo meet the GVWR rating for typing listed above?**	(D.2.1.2)		
3	**RT-130 Annual Fire Line Refresher including Fire Shelter** **Date: _____**	(D.3.1)		
4	**OF-296 Vehicle/Heavy Equipment Mechanical Inspection Accepted**			
5	**Insurance: Current and valid Carrier insurance and Cargo Insurance with types of Cargo being hauled**	(D.2.1.2)		
6	**Current Dept. of Transportation D.O.T. Certification**	(D.2.2)		
7	**Seat belts**	(D.2.1.2)		
8	**Flashlight**	(D.2.1.2)		
9	**First aid kit: 5 person minimum**	(D.2.1.2)		
10	**PPE: Boots ☐ Hard Hat ☐ Gloves ☐ Eye Protection ☐ Hearing Protection ☐ Headlamp with batteries ☐**	(D.2.1.2)		
11	**Fire Shelter: New generation**	(D.2.1.2)		
12	**Shovel**	(D.2.1.2)		
13	**Back-Up Alarm: Audible reverse warning device.**	(D.2.1.2)		
14	**Fire extinguisher, multi-purpose 2A 10BC that is securely mounted to the vehicle** **Date of Inspection:**	(D.2.1.2)		
15	**Tire Tread Depth: minimum 2/32 for rear 4/32 for steering axle tires**	(D.2.2.1)		

VIPR Stand Alone Transport Inspection Checklist
January 09, 2023

_____Passed
_____Pending
_____Failed

☐ Equipment meets agreement specifications   ☐ Equipment does not meet agreement specifications

Inspector: _____   Date: _____
   (Print Name)   (Inspector Signature)

Contractor: _____   Date: _____
                      (Print and sign)

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

☐ Contactor successfully corrected noted deficiencies

Inspector: _____   Date: _____

REMARKS:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____