

Passed Inspection

Pending Inspection

REGION 6 VIPR HANDS-ON INSPECTION
FELLER BUNCHER

Company Name: _____ Equipment ID: _____

VIN/Serial #: _____ Equipment Make: _____
 (Complete VIN/Serial #)

Equipment Model: _____

EQUIPMENT REQUIREMENTS (Circle Correct Type)

Requirements	Type 1	Type 2
HP	226+	160 – 225

HP Reference Document: _____

MINIMUM EQUIPMENT REQUIREMENTS

Not all inclusive; for additional clarification refer to the agreement (SF-1449 section D).			Yes	No
1	OF-296 Vehicle/Heavy Equipment Pre-use Inspection Checklist completed	D.17		
2	Personnel: Full Name & RT-130 Fire Line Refresher Completion Date Operator Name: _____ Date: _____	D.3.1		
3	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		
4	Back-Up Alarm	D.2.2		
5	Programmable Radio: One (1) handheld programmable radio with two (2) fully charged battery packs.	D.2.1.1		
6	Shovel	D.2.1.1		
7	Boots: All leather, 8" high with lug type sole in good condition.	D.2.1.1		
8	PPE: For ALL personnel Hardhat, Gloves, Hearing Protection, Eye Protection, Headlamp w/batteries	D.2.1.1		
9	Flame resistant clothing: Minimum 2 full sets of flame-resistant shirts and pants certified to NFPA 1977 standard for ALL personnel.	D.2.1.1		

10	Fire shelter: New Generation, <i>for ALL personnel.</i>	D.2.1.1		
11	Fire extinguisher: 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag.	D.2.1.1		
12	First aid kit: 5-person minimum	D.2.1.1		
OPTIONAL ATTRIBUTES				
13	Carrier Type: <input type="checkbox"/> Rubber Tired (Wheeled) <input type="checkbox"/> Track Mounted	D.6.2		
14	Cutting Head: <input type="checkbox"/> Bar Saw <input type="checkbox"/> Rotating Disc Saw <input type="checkbox"/> Harvester Head (Processor)	D.6.2		

Equipment meets agreement specifications.

Equipment does not meet agreement specifications.

Inspector: _____
Print

Signature Date: _____

Operator: _____
Print

Signature Date: _____

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

Contactor successfully corrected noted deficiencies.

Inspector: _____
Print

Signature Date: _____

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