

Passed Inspection

Pending Inspection

**REGION 6 HANDS-ON INSPECTION  
 MULCHER/MASTICATOR**

**Company Name:** \_\_\_\_\_ **Equipment ID:** \_\_\_\_\_

**VIN/Serial #:** \_\_\_\_\_ **Equipment Make:** \_\_\_\_\_  
 (Complete VIN/Serial#)

**Equipment Model:** \_\_\_\_\_

**EQUIPMENT REQUIREMENTS** (Circle Correct Type)

**Boom Mounted Mulcher/Masticator**

Requirements	Type 1	Type 2	Type 3	Type 4
<b>Net HP (Min.) (Manufacturer's Published)</b>	160	111	81	60
<b>Min. Operating Weight</b>	50,000 lbs.	30,000 lbs.	20,000 lbs.	15,000 lbs.

**HP Reference Document:** \_\_\_\_\_

**Base Weight Reference Document (Boom Mounted ONLY):** \_\_\_\_\_

**Strip Mulcher/Masticator**

Requirements	Type 1	Type 2	Type 3
<b>Net HP (Manufacturer's Published)</b>	200 – 350	100 – 199	50 – 99

**HP Reference Document:** \_\_\_\_\_

**MINIMUM EQUIPMENT REQUIREMENTS**

Not all inclusive; for additional clarification refer to the agreement (SF-1449 section D).			Yes	No
1	<b>OF-296 Vehicle/Heavy Equipment Pre-use Inspection Checklist completed</b>	D.17		
2	<b>Personnel:</b> Full Name & RT-130 Fire Line Refresher Completion Date Operator Name: _____ Date: _____	D.3.1		
3	<b>Lighting on Strip Mulcher ONLY:</b> 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.2.1.1		
4	<b>Lighting on Boom Mounted ONLY:</b> 2 forward, mounted to the equipment in such a way to provide protection from damage and	D.2.1.1		



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

Contactor successfully corrected noted deficiencies.

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print* *Signature*

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