

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
Net HP (Min.) (Manufacturer's Published)	160	111	81	60
Min. Operating Weight	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
Net HP (Manufacturer's Published)	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	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 on Strip Mulcher ONLY: 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	Lighting on Boom Mounted ONLY: 2 forward, mounted to the equipment in such a way to provide protection from damage and	D.2.1.1		

	provide illumination beyond the work area. Attachments to parent machine must be illuminated for night operations.			
5	Back-Up Alarm	D.2.2		
6	Programmable Radio: One (1) handheld programmable radio with two (2) fully charged battery packs.	D.2.1.1		
7	Shovel	D.2.1.1		
8	Boots: All leather, 8" high with lug type sole in good condition.	D.2.1.1		
9	PPE: <i>For ALL personnel</i> Hardhat, Gloves, Hearing Protection, Eye Protection, Headlamp w/batteries	D.2.1.1		
10	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		
11	Fire shelter: New Generation, <i>for ALL personnel.</i>	D.2.1.1		
12	Fire extinguisher: 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag.	D.2.1.1		
13	First aid kit: 5-person minimum	D.2.1.1		
OPTIONAL ATTRIBUTES				
14	Carrier Type: Rubber Tired (Wheeled) Track Mounted	D.6.2		
15	Cab Leveling (<i>Boom Mounted ONLY</i>)	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)**

Contacto successfully corrected noted
deficiencies.

Inspector:

Print

Date:

Signature

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