

Passed Inspection

Pending Inspection

**REGION 6 HANDS-ON INSPECTION  
ROAD GRADER**

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

**VIN/Serial #:** \_\_\_\_\_ **Equipment Make:** \_\_\_\_\_

(Complete VIN/Serial #)

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

**EQUIPMENT REQUIREMENTS (Circle Correct Type)**

Requirements	Type 1	Type 2
HP Range (In 1 <sup>st</sup> & 2 <sup>nd</sup> gear)	165+	120 - 164
Mold Board (minimum length)	12ft.	12ft.

**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>12-foot Mold Board (Minimum)</b>	D.2.1.1		
4	<b>Tire Chains:</b> Not required to be mounted but must be available for use within the next operational period.	D.2.1.1		
5	<b>Lighting:</b> 2 forward, mounted to the equipment in such a way to provide protection from damage and provide illumination beyond the work area.	D.2.1.1		
6	<b>Back-Up Alarm</b>	D.2.2		
7	<b>Programmable Radio:</b> One (1) handheld programmable radio with two (2) fully charged battery packs.	D.2.1.1		
8	<b>Shovel</b>	D.2.1.1		
9	<b>Boots:</b> All leather, 8" high with lug type sole in good condition.	D.2.1.1		

10	<b>PPE:</b> <i>For ALL personnel</i> Hardhat, Gloves, Hearing Protection, Eye Protection, Headlamp w/batteries	D.2.1.1		
11	<b>Flame resistant clothing:</b> Minimum 2 full sets of flame-resistant shirts and pants certified to NFPA 1977 standard for ALL personnel.	D.2.1.1		
12	<b>Fire shelter:</b> New Generation, <i>for ALL personnel.</i>	D.2.1.1		
13	<b>Fire extinguisher:</b> 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag.	D.2.1.1		
14	<b>First aid kit:</b> 5-person minimum	D.2.1.1		

Equipment meets agreement specifications.       Equipment does not meet agreement specifications.

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

Operator: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Signature

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.)*