

Passed Inspection

Pending Inspection

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

Company Name:

Equipment ID:

VIN/Serial #

(Complete VIN/Serial #)

Equipment Make:

Equipment Model:

EQUIPMENT REQUIREMENTS (Circle Correct Type)

Requirements	Type 1	Type 2
HP Range (In 1 st & 2 nd 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	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	12-foot Mold Board (Minimum)	D.2.1.1		
4	Tire Chains: Not required to be mounted but must be available for use within the next operational period.	D.2.1.1		
5	Lighting: 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	Back-Up Alarm	D.2.2		
7	Programmable Radio: One (1) handheld programmable radio with two (2) fully charged battery packs.	D.2.1.1		
8	Shovel	D.2.1.1		
9	Boots: All leather, 8" high with lug type sole in good condition.	D.2.1.1		

10	PPE: <i>For ALL personnel</i> Hardhat, Gloves, Hearing Protection, Eye Protection, Headlamp w/batteries	D.2.1.1		
11	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		
12	Fire shelter: New Generation, <i>for ALL personnel.</i>	D.2.1.1		
13	Fire extinguisher: 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag.	D.2.1.1		
14	First aid kit: 5-person minimum	D.2.1.1		

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)**

Contractor successfully corrected noted deficiencies.

Inspector:

Print

Signature

Date:

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