

Passed Inspection

Pending Inspection

**REGION 6 VIPR HANDS-ON INSPECTION
 SKIDDER**

Company Name: _____ **Equipment ID:** _____

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

Equipment Model: _____

EQUIPMENT REQUIREMENTS (Circle Correct Type)

Requirements	Type 1	Type 2	Type 3
Gross HP (Manufacturer's Published)	176+	100 – 175	60 – 99

HP (Gross) 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	Tires: Shall have load ratings in accordance with the equipment Gross Vehicle Weight Ratings (GVWR). All tires on the equipment shall have sound sidewalls and adequate tire tread depth to hold tire chains.	D.2.2.1		
6	Tire Chains: Not required to be mounted but must be available for use within the next operational period.	D.2.1.1		
7	Programmable Radio: One (1) handheld programmable radio with two (2) fully charged battery packs.	D.2.1.1		
8	Boots: All leather, 8" high with lug type sole in good condition.	D.2.1.1		
9	PPE: For ALL personnel 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		

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.)*