

FALLER INCIDENT COMPLIANCE INSPECTION *Date:* _____ *Time:* _____

INCIDENT NAME: _____ *INCIDENT NUMBER:* _____ *RESOURCE #:* O- _____

COMPANY/CONTRACTOR: _____

AGREEMENT NUMBER: _____

FALLER NAME(S): _____

EQUIPMENT and OPERATOR REQUIREMENTS – FALLER

Single Faller **Faller Module**

Minimum Requirements

Not all inclusive; for additional clarification refer to agreement (SF-1449 section D)

Yes No

			Yes	No
1	Equipment VIN/serial # matches resource order (Schedule of Items)	D.6.3.1		
2	Check-in process completed	D.6.5.3		
3	OF-296 Vehicle/Heavy Equipment Pre-use Inspection Checklist completed	D.17		
4	Agreement: One complete copy	D.8		
5	RT-130 Fire Line Refresher training (current): Completed Date:	D.3.1		
6	Boots: All leather, 8” high with lug type sole in good condition	D.2.1		
7	PPE: <input type="checkbox"/> Hard Hat <input type="checkbox"/> Gloves <input type="checkbox"/> Eye Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Headlamp with batteries	D.2.1		
8	Flame resistant clothing: A minimum of two full sets of flame-resistant shirts and pants certified to NFPA 1977 standard	D.2.1		
9	Fire shelter	D.2.1		
10	Chainsaws: 2 per faller	D.2.1		
11	Chainsaws: <input type="checkbox"/> Chainsaw operational (do they start) <input type="checkbox"/> Minimum 30-inch bar or longer <input type="checkbox"/> Power head: minimum 67 cc (cubic centimeter) <input type="checkbox"/> Spark arrester <input type="checkbox"/> Chainbrake (functional) <input type="checkbox"/> Maintenance tools/parts (files, chain, gas, oil, etc.)	D.2.1		
12	Other Equipment: Wedges <input type="checkbox"/> Falling Axe <input type="checkbox"/>	D.2.1		
13	Vehicle: Must be 4-wheel or all-wheel drive	D.2.2		
14	Vehicle: Capable of carrying all saws, hazardous materials (i.e. fuel/oil) external from passenger compartment	D.2.2		
15	Fire extinguisher: 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag	D.2.2.4		

