

FELLER BUNCHER INCIDENT COMPLIANCE INSPECTION *Date:* _____ *Time:* _____

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

COMPANY/CONTRACTOR: _____

AGREEMENT NUMBER: _____

EQUIPMENT MAKE: _____ MODEL: _____

VIN/SERIAL #: _____

OPERATOR NAME: _____

EQUIPMENT and OPERATOR REQUIREMENTS – Feller Buncher

Type 1: 226+ HP

Type 2: 160-225 HP

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	Lighting: Two (2) minimum, forward facing lights used for night operations	D.2.1.1		
7	Backup Alarm	D.2.1.1		
8	Fire Extinguisher: 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag	D.2.1.1		
9	PPE: <input type="checkbox"/> Boots <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.2.1.1		
10	Flame Resistant Clothing: A minimum of two full sets of flame-resistant shirt and pants certified to NFPA 1977 standard.	D.2.3		
11	Fire Shelter: New generation	D.2.2		

Optional Items/Attributes

12	Carrier Type: <input type="checkbox"/> Rubber Tired (Wheeled) <input type="checkbox"/> Track mounted	D.6.2		
13	Cutting Heads: <input type="checkbox"/> Bar Saw <input type="checkbox"/> Rotating Disc Saw <input type="checkbox"/> Harvester Head	D.6.2		

- Equipment meets agreement specifications Equipment does not meet agreement specifications

Inspector: _____ Date: _____
(Print and sign)

Contractor: _____ Date: _____
(Print and sign)

- Contractor given the opportunity to correct noted deficiencies (*See Remarks*)

- Contactor successfully corrected noted deficiencies

Inspector: _____ Date: _____

REMARKS: _____

