

(EQUIPMENT TYPE) **INCIDENT COMPLIANCE CHECKLIST** *Date:* _____ *Time:* _____

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

COMPANY/CONTRACTOR: _____

AGREEMENT NUMBER: _____

EQUIPMENT MAKE: _____ MODEL: _____

VIN/SERIAL #: _____

OPERATOR NAME: _____

EQUIPMENT and OPERATOR REQUIREMENTS (*EQUIPMENT TYPE*)

Type 1: 200+ HP Type 2: 100 → 199 HP Type 3: 50 → 99 HP

Minimum Requirements

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

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 Completed	D.17		
4	Agreement: One complete copy	D.8		
5	RT-130 Fire Line Refresher training (current): Completed Date:			

Optional/Attributes

Minimum Requirements - continued

Yes No

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: _____

