ROAD GRADER 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 – ROAD GRADER

☐ Type 1: 165+ HP   ☐ Type 2: 120-164 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 Checklist completed**	D.17		
4	**Agreement** (One complete copy)	D.8		
5	**RT-130 Annual Fire Line Refresher including Fire Shelter (current): Completed Date:**	D.3.1		
6	**12 foot Mold Board** (Minimum)	D.2.1.1		
7	**Cab:** Factory installed cab with ROPS	D.2.1.1		
8	**Lighting** (Min. 2 rear, 2 forward)	D.2.1.1		
9	**Boots: All Leather, 8" high with lug type sole in good condition**	D.2.1.1		
10	**PPE:** ☐ Hard Had (Hardhat meeting NFPA Standard 1977) ☐ Gloves ☐ Headlamp with batteries ☐ Hearing Protection ☐ Eye Protection	D.2.1.1		
11	**Fire Shelter:** New Generation	D.2.1.1		
12	**Tire Chains:** not required to be mounted but must be available for use within the next operational period.	D.2.1.1		

☐ 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:_____

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