

**TRANSPORT 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 --TRANSPORT**

Type 1: Rated load over 70,000 lbs.     Type 2: Rated load 35,001-- 69,999 lbs.     Type 3: Rated up to 35,000 lbs.

**Minimum Requirements**

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

**Yes    No**

			Yes	No
1	<b>Equipment VIN/serial # matches resource order</b> (Schedule of Items)	D.6.3.1		
2	<b>Check-in process completed</b>	D.6.5.3		
3	<b>OF-296 Vehicle/Heavy Equipment Pre-use Inspection Checklist completed</b>	D.17		
4	<b>Agreement:</b> One complete copy	D.8		
5	<b>RT-130 Fire Line Refresher including Fire Shelter (current): Completed Date:</b>	D.3.1		
6	<b>Boots:</b> All leather, 8" high with lug type sole in good condition	D.2.1.2		
7	<b>PPE:</b> <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.2.1.2		
8	<b>Flame resistant clothing:</b> A minimum of two full sets of flame-resistant shirts and pants certified to NFPA 1977 standard	D.2.1.2		
9	<b>Fire shelter</b>	D.2.1.2		
10	<b>Fire extinguisher:</b> 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag	D.2.1.2		
11	<b>First aid kit:</b> (5 person minimum)	D.2.1.2		
12	<b>Flashlight</b>	D.2.1.2		
13	<b>Water:</b> At least 1-gallon drinking water	D.2.1.2		
14	<b>Shovel</b>	D.2.1.2		

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:** \_\_\_\_\_  
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