

Date: \_\_\_\_\_ Time: \_\_\_\_\_ E # \_\_\_\_\_

Incident Name: \_\_\_\_\_ Incident # \_\_\_\_\_

Company /  
Contractor: \_\_\_\_\_ Equipment ID: \_\_\_\_\_

Agreement # \_\_\_\_\_ Equipment Make: \_\_\_\_\_

VIN/Serial # \_\_\_\_\_ Equipment Model: \_\_\_\_\_

**EQUIPMENT TYPE**
☐ Type 1      ☐ Type 2      ☐ Type 3      ☐ Type 4

MINIMUM STANDARDS FOR TYPES		WILDLAND ENGINES			
		3	4	5	6
<b>Pump Rating</b>	Minimum flow (GPM)	150	50	50	50
	@ Rated pressure (PSI)	250	100	100	100
<b>Tank Capacity (GAL)</b>	MIN	500	750	400	150
	MAX	1500	1500	749	399
<b>Hose (feet)</b>	1 ½"	1000	300	300	300
	1"	500	300	300	300
	¾" Garden Hose	300	300	300	300
	Live Hose Reel ¾" ID	100	100	100	100
<b>Pump and Roll</b>		Yes	Yes	Yes	Yes
<b>Foam Proportioner System</b>		Yes	Yes	Yes	Yes
<b>Maximum GVWR (lbs.)</b>		-	-	26,000	19,500
<b>Personnel Required</b>		3	3	3	3

**MINIMUM EQUIPMENT REQUIREMENTS**

Not all inclusive; for additional clarification refer to the agreement (SF-1449 section D).			Yes	No
1	<b>Equipment VIN/serial # matches resource order (Schedule of Items)</b>	D.6.3.1	<input type="checkbox"/>	<input type="checkbox"/>
3	<b>Check-in process completed</b>	D.6.5.3	<input type="checkbox"/>	<input type="checkbox"/>
4	<b>OF-296 Vehicle/Heavy Equipment Pre-use Inspection Checklist completed</b>	D.17	<input type="checkbox"/>	<input type="checkbox"/>
5	<b>Vehicle Identification:</b> All equipment shall have the company's name and unique identification number affixed on each side of the vehicle.	D.2.2.3	<input type="checkbox"/>	<input type="checkbox"/>
6	<b>Agreement:</b> One complete copy	D.8	<input type="checkbox"/>	<input type="checkbox"/>
7	<b>3 Person Crew:</b> All types must have 3 personnel.	D.2.1.1	<input type="checkbox"/>	<input type="checkbox"/>
8	<b>Personnel:</b> Full Name & RT-130 Fire Line Refresher Completion Dates	D.3.1.1	<input type="checkbox"/>	<input type="checkbox"/>
	ENGB: _____ Date: _____			
	FFT1 / FFT2: _____ Date: _____			
	FFT1 / FFT2: _____ Date: _____			

## VIPR Fire Equipment Incident Compliance Inspection Checklist

## ENGINE

9	<b>Boots:</b> All leather, 8" high with lug type sole in good condition.	D.2.1.2	<input type="checkbox"/>	<input type="checkbox"/>
10	<b>PPE:</b> <i>For ALL personnel</i> Hardhat, Gloves, Hearing Protection, Eye Protection, Headlamp w/batteries	D.2.1.2	<input type="checkbox"/>	<input type="checkbox"/>
11	<b>Flame resistant clothing:</b> <i>Minimum 2 full sets</i> of flame-resistant shirts and pants certified to NFPA 1977 standard for ALL personnel.	D.2.1.2	<input type="checkbox"/>	<input type="checkbox"/>
12	<b>Fire shelter:</b> New Generation, <i>for ALL personnel.</i>	D.2.1.2	<input type="checkbox"/>	<input type="checkbox"/>
13	<b>Line Gear (Day Packs):</b> Minimum of 3 (one per person)	D.2.1.2	<input type="checkbox"/>	<input type="checkbox"/>
14	<b>Programmable Radios:</b> Minimum of 2 (one must be a handheld), 2 fully charged battery packs per radio, and 1 programming/cloning cable.	D.2.3	<input type="checkbox"/>	<input type="checkbox"/>
15	<b>Spare Tire:</b> Full size spare tire, securely mounted to vehicle with minimum 4/32 tread.	D.2.2.1.1	<input type="checkbox"/>	<input type="checkbox"/>
16	<b>All-Wheel / 4-Wheel Drive:</b> Required on T6 (optional on T5, T4, T3)	D.2.1.2	<input type="checkbox"/>	<input type="checkbox"/>
17	<b>Wheel Chocks:</b> Set of 2	Inventory List	<input type="checkbox"/>	<input type="checkbox"/>
18	<b>First Aid Kit:</b> 5 person minimum	Inventory List	<input type="checkbox"/>	<input type="checkbox"/>
19	<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	<input type="checkbox"/>	<input type="checkbox"/>
20	<b>Reflective Triangles:</b> Bi-directional, set of 3	Inventory List	<input type="checkbox"/>	<input type="checkbox"/>
21	<b>Pump Type</b>	D.2.1.2	<input type="checkbox"/>	<input type="checkbox"/>
22	<b>Pump Discharge Pressure Gauge</b>	D.2.1.2	<input type="checkbox"/>	<input type="checkbox"/>
23	<b>Foam Proportioner System</b>	D.2.1.2	<input type="checkbox"/>	<input type="checkbox"/>
24	<b>Foam:</b> Minimum of 5 gallons	D.2.1.2	<input type="checkbox"/>	<input type="checkbox"/>
25	<b>Compressed Air Foam System CAFS</b> <i>(optional attribute)</i>	D.2.1.2	<input type="checkbox"/>	<input type="checkbox"/>

## MINIMUM INVENTORY

26	2 – Nozzle, combo fog/straight stream, 1 ½" NH Female	Inventory List	<input type="checkbox"/>	<input type="checkbox"/>
27	2 – Nozzle, combo fog/straight stream, 1" NPSH Female		<input type="checkbox"/>	<input type="checkbox"/>
28	2 – Nozzle, Adjustable ¾" Garden Hose		<input type="checkbox"/>	<input type="checkbox"/>
29	1 – Nozzle, Foam 1 ½" NH		<input type="checkbox"/>	<input type="checkbox"/>
30	1 – Double Male, 1 ½" NH		<input type="checkbox"/>	<input type="checkbox"/>
31	1 – Double Female, 1 ½" NH		<input type="checkbox"/>	<input type="checkbox"/>
32	1 – Double Male, 1" NPSH		<input type="checkbox"/>	<input type="checkbox"/>
33	1 – Double Female, 1" NPSH		<input type="checkbox"/>	<input type="checkbox"/>
34	2 – Gated Wye, 1 ½" NH		<input type="checkbox"/>	<input type="checkbox"/>
35	2 – Gated Wye, 1" NPSH		<input type="checkbox"/>	<input type="checkbox"/>
36	1 – Gated Wye, ¾" Garden Hose		<input type="checkbox"/>	<input type="checkbox"/>

## VIPR Fire Equipment Incident Compliance Inspection Checklist

## ENGINE

37	1 – Reducer, 2 ½” NH Female to 1 ½” NH Male		<input type="checkbox"/>	<input type="checkbox"/>
38	4 – Reducer, 1 ½” NH Female to 1” NPSH Male		<input type="checkbox"/>	<input type="checkbox"/>
39	1 – Reducer, 1” NPSH Female to ¾” Garden Hose Male		<input type="checkbox"/>	<input type="checkbox"/>
40	1 – Adapter, 1 ½” NH Female to 1 ½” NPSH Male		<input type="checkbox"/>	<input type="checkbox"/>
41	1 – Adapter, 1 ½” NPSH Female to 1 ½” NH Male		<input type="checkbox"/>	<input type="checkbox"/>
42	1 – Mop-Up Wand, ¾” Receptor with ¾” Nozzle Tip		<input type="checkbox"/>	<input type="checkbox"/>
43	5 – Inline Ball Valve, ¾” Garden Hose		<input type="checkbox"/>	<input type="checkbox"/>
44	4 – Spanner Wrench, combination 1” & 1 ½”		<input type="checkbox"/>	<input type="checkbox"/>
45	1 – Fire Hose Clamp, Forestry		<input type="checkbox"/>	<input type="checkbox"/>
46	1 ½” Hose (see table for min. quantity)		<input type="checkbox"/>	<input type="checkbox"/>
47	1” Hose (see table for min. quantity)		<input type="checkbox"/>	<input type="checkbox"/>
48	¾” Hose (see table for min. quantity)		<input type="checkbox"/>	<input type="checkbox"/>
49	1 – 20’ Suction hose with strainer or screened foot valve		<input type="checkbox"/>	<input type="checkbox"/>
50	Live Hose Reel – Operational with min. of 100’ of 1” hose (non-collapsible/hardline) with ¾” inside diameter		<input type="checkbox"/>	<input type="checkbox"/>
51	1 ½” Discharge Valve, full flow with rapid shut off		<input type="checkbox"/>	<input type="checkbox"/>
52	3 – Shovel, size “0”		<input type="checkbox"/>	<input type="checkbox"/>
53	3 – Pulaski		<input type="checkbox"/>	<input type="checkbox"/>
54	2 – Backpack Pump		<input type="checkbox"/>	<input type="checkbox"/>
55	10 – Fusee (fire starter)		<input type="checkbox"/>	<input type="checkbox"/>
56	3 – Mill Bastard File		<input type="checkbox"/>	<input type="checkbox"/>
57	All inventory permanently etched or engraved with company information. <i>Painting or marking the equipment with permanent markers is not acceptable.</i>		<input type="checkbox"/>	<input type="checkbox"/>
58	Vendor maintains a complete inventory list, including any extra items they may be carrying.		<input type="checkbox"/>	<input type="checkbox"/>
Pump Accessory Kit (if pump is auxiliary)				
59	1 – Wrench, Adjustable 10”	Inventory List	<input type="checkbox"/>	<input type="checkbox"/>
	1 – Wrench, Spark Plug (Unless adjustable wrench is suitable)		<input type="checkbox"/>	<input type="checkbox"/>
	1 – Pliers (Slip Joint)		<input type="checkbox"/>	<input type="checkbox"/>
	1 – Screwdriver (Standard Blade)		<input type="checkbox"/>	<input type="checkbox"/>
	1 – Screwdriver (Phillips)		<input type="checkbox"/>	<input type="checkbox"/>
	1 – Spare Starter Rope (If Required)		<input type="checkbox"/>	<input type="checkbox"/>
	2 – Quarts Crankcase Oil		<input type="checkbox"/>	<input type="checkbox"/>
	1 – Grease Gun with Grease		<input type="checkbox"/>	<input type="checkbox"/>
	Spark Plugs (Sufficient number to replace all plugs on auxiliary pump)		<input type="checkbox"/>	<input type="checkbox"/>

## CHAINSAW AND CHAINSAW KIT INSPECTION CHECKLIST

Manufacturer:	
Model Number:	
Serial Number:	

CHAINSAW: (Minimum Engine Power required is 3.0 cubic inch or 49cc)	YES	NO
No visible parts broken		
All visible nuts and bolts tight		
Oil in chain oil reservoir		
Proper exhaust system and spark arrester		
Guide bar is a minimum of 18 inches and not bent or damaged		
Pull rope functions properly		
Started and checked that the engine idles evenly, runs smoothly, has satisfactory power, the on/off/kill switch works		
Chain brake works properly		
CHAINSAW KIT:		
1 Chainsaw Kit/Bag/Box to store Compliment		
1 Combination Bar/Spark Plug Wrench (Scrench)		
1 Spare Spark Plug to fit saw		
1 Pint of Spare Engine Oil (2-cycle oil)		
1 Pair of Chaps meeting USFS Specification 6170-4F or later, or certified to NFPA 1977		
1 Extra Chain to fit Saw-Bar Combo		
1 Chain File		
1 Felling Axe		
1 Felling Wedge		
1 OSHA or DOT Approved Fuel Container to hold Chainsaw Fuel and Bar Oil, properly secured on the vehicle		
2 Sets Ear Plugs		

☐ Equipment meets agreement specifications ☐ Equipment does not meet agreement specifications

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Sign

Operator: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Sign

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

☐ Contactor successfully corrected noted deficiencies

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Sign

<b>REMARKS:</b> (Note in detail any deficiencies, pertinent information, comments, etc.)