

**MULCHER/MASTICATOR INCIDENT INSPECTION CHECKLIST****Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_**INCIDENT NAME:** \_\_\_\_\_ **INCIDENT NUMBER:** \_\_\_\_\_ **RESOURCE #:** E- \_\_\_\_\_**COMPANY/CONTRACTOR:** \_\_\_\_\_**AGREEMENT NUMBER:** \_\_\_\_\_**EQUIPMENT MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_**VIN/SERIAL #:** \_\_\_\_\_**OPERATOR NAME:** \_\_\_\_\_**EQUIPMENT and OPERATOR REQUIREMENTS MULCHER/MASTICATOR**

Boom Mounted\*

Strip Mulcher\*

- Type 1: 156+ HP  
 Type 2: 111-155 HP  
 Type 3: 81-110 HP  
 Type 4: 60-80 HP

- Type 1: 200-350 HP  
 Type 2: 100-199 HP  
 Type 3: 50-99 HP

\*HP based on excavator HP

\*HP based on dozer HP

**Minimum Requirements***Not all inclusive; for additional clarification refer to agreement (SF-1449 section D)***Yes No**

			Yes	No
1	<b>Agreement</b> (One complete copy) (D.8)			
2	<b>Check-In Process Completed</b> (Note: Also includes; Finance, and Plans) (D.6.5.3)			
3	<b>Equipment VIN/Serial # matches Resource Order</b> (may also have to verify on DPL): Note: This is also a business rule that could affect payment. (Schedule of Items) (D.6.3.1)			
4	<b>RT-130 Fire Line Refresher current for all personnel</b> (D.3.1)			
5	<b>Incident Pre-Use Inspection Completed</b> (OF-296 Vehicle/Heavy Equipment Mechanical Inspection) (D.17) (D.17.1)			
6	<b>Equipment: Arrived at incident washed:</b> (Debris and noxious weeds free) (D.15)			

*Boom Mounted*

7	<b>Operator Protection;</b> Forestry cab which meets all applicable federal and state (the state where equipment is registered) safety standards (per OSHA, 29 CFR 1910.266) for the year machine was constructed (D.2.1.1)			
8	<b>Operator Protection;</b> Polycarbonate window glazing for all machines that use attachments that have potential for chain shot or cutting tooth damage to the operator (D.2.1.1)			
9	<b>Lighting;</b> 2 forward facing (D.2.1.1)			

*Strip Mulcher*

10	<b>Factory enclosed cab;</b> (Forestry cab which meets all applicable federal and state (the state where equipment is registered) safety standards (per OSHA, 29 CFR 1910.266) (D.2.1.1)			
11	<b>Operator Protection;</b> (Polycarbonate window glazing for all machines that use attachments that have potential for chain shot or cutting tooth damage to the operator) (D.2.1.1)			
12	<b>ROPS, FOPS;</b> (A manufactures nameplate certifying the operator enclosure or alternative documentation that the cab meets these provisions is required.) (D.2.1.1)			
13	<b>Lighting;</b> 2 forward facing, 2 rearward facing (D.2.1.1)			

*Optional/Attributes (strip mulcher only)*

14	<b>Carrier type:</b>	<input type="checkbox"/> Tracked	<input type="checkbox"/> Rubber Tire	(D.2.1.1)		
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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*)

Contractor successfully corrected noted deficiencies

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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