

ODF IRA TYPE 2 CREW EQUIPMENT INSPECTION FORM

CREW NAME: _____

C- _____
RO# : _____

INCIDENT NAME: _____

INCIDENT #: _____

AGREEMENT #: _____

Y N
CREW MANIFEST

of EMPLOYEES: _____

CREW PERSONNEL
Government Photo ID Employee Incident Qualification Card for each employee

PERSONAL PROTECTIVE EQUIPMENT
8" High Leather Lug Sole Boots Flame Resistant Pants/Shirts (2 each) Leather Gloves Helmet w/Chinstrap Eye & Ear Protection Head Lamp w/batteries 2 liters of Water Fire Shelter (manufactured after 2006)

Section I – Power Saws

	Person Crews		Pre-Use
	10	20	#
Chainsaws (F 4.1)	2	3	

- A – Make/Model _____ Serial # _____
- B – Make/Model _____ Serial # _____
- C – Make/Model _____ Serial # _____
- D – Make/Model _____ Serial # _____
- E – Make/Model _____ Serial # _____

Chainsaw Inspection:	A	B	C	D	E
Visible Parts Not Broken*					
Visible Nuts and Bolts Tight					
Oil in Gear Case and Chain Oiler					
Cutting Bar: Straight, Chain in Good Condition*					
Functioning Chain Break*					
Exhaust System and Spark Arrester*					
Motor: Idles Evenly, Runs Smoothly, Satisfactory Power					
Gas/Oil for First Shift					
Chaps, Extra Chain, Chainsaw Wrench, File, Ear Protection					
Fire Extinguisher for Saws (8 oz. minimum)	Yes _____		No _____		

*Safety Item – Do not accept until brought into compliance.

Section II – Equipment

Programmable Hand Held Radios

A – Make/Model _____	Serial # _____
B – Make/Model _____	Serial # _____
C – Make/Model _____	Serial # _____
D – Make/Model _____	Serial # _____
E – Make/Model _____	Serial # _____

Hand Tools

(Combi/Reinhardt/Hazel Hoe/McLeod - 3 lb head, 36" handle

Pulaski - 3 lb 11 oz - 4 lb 2 oz head, 36" handle

Shovel - Size 0 or 1

10-person Belt First Aid Kit

Programmable Hand Held Radios

Radio Programming Cloning Cable, if needed

Person Crews		Pre-Use
10	20	#
4	8	
5	10	
4	8	
1	2	
3	4	
1	1	

Remarks: _____

Inspection:	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Remedy: _____
Date: _____			Time: In: _____ Out: _____
Company Rep Signature: _____			Title: _____
Company Rep Print: _____			Cell #: _____
Inspector (Print): _____			Title: _____