

**ODF IRA TYPE 2 CREW EQUIPMENT INSPECTION FORM**

CREW NAME: \_\_\_\_\_

C-  
RO#: \_\_\_\_\_

INCIDENT NAME: \_\_\_\_\_

INCIDENT #: \_\_\_\_\_

AGREEMENT #: \_\_\_\_\_

Y      N  
CREW MANIFEST

# of EMPLOYEES: \_\_\_\_\_

CREW PERSONNEL	PERSONAL PROTECTIVE EQUIPMENT
Government Photo ID Employee <b>Incident Qualification Card</b> for each employee	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 # \_\_\_\_\_

<b>Chainsaw Inspection:</b>	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**

	Person Crews		Pre-Use
	10	20	#
(Combi/Reinhardt/Hazel Hoe/McLeod - 3 lb head, 36" handle	4	8	
Pulaski - 3 lb 11 oz - 4 lb 2 oz head, 36" handle	5	10	
Shovel - Size 0 or 1	4	8	
10-person Belt First Aid Kit	1	2	
Programmable Hand Held Radios	3	4	
Radio Programming Cloning Cable, if needed	1	1	

Remarks:

---



---



---



---

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