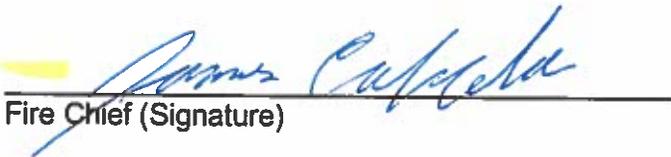


**IDAHO COOPERATOR CERTIFICATION FORM (ICCF)**

- A. The equipment listed on the Idaho ICCF meets all of the minimum requirements found in the Idaho Fire Service Organization Rate Book (FSO Rate Book) for use and operation of the equipment type identified.
- B. Failure to accurately classify the equipment type as described in the FSO Rate Book shall result in a downgrade of typing and a reduction in rate to the type level the equipment meets as set forth in the FSO Rate Book. Failure of the equipment described herein to meet all FSO Rate Book requirements, or to provide the qualified personnel or equipment within 24 hours, will be cause for release and return to point of hire in pay status.
- C. It is agreed that the hiring entity may inspect the listed equipment and the appropriate training records. These inspections may be done preseason or at the incident during fire season.
- D. A copy of this certification shall be provided to the Finance Section Chief, or their designated representative, immediately upon arrival at the incident. When the Idaho Cooperator Certification Form (ICCF) has been completed, **no other agreement (or EERA) is necessary.**
- E. The individuals listed on the Idaho Cooperation Certification Form Resources, Appendix 1 (page 2 of 8), meet all of the requirements for the position(s) listed in accordance with National Wildfire Coordinating Group (NWCG), National Incident Management System Wildland Fire Qualifications System Guide, PMS 310-1, or NFPA Equivalency, and Idaho EMS License. Operators must possess a valid Driver's License and have the knowledge, skills, and abilities to operate the type and class of equipment listed herein.

I certify that the equipment and personnel listed herein meet the minimum resource typing standards as shown in the Idaho Fire Service Organization Rate Book. I hereby certify that I am authorized to sign this Idaho Cooperator Certification Form.

  
\_\_\_\_\_  
Fire Chief (Signature)

7.18.16  
\_\_\_\_\_  
Date

James Catzala  
\_\_\_\_\_  
Fire Chief Name (Printed)

Weippe Rural Fire Department  
\_\_\_\_\_  
Fire Department Name (Printed)

**IDAHO COOPERATOR CERTIFICATION FORM (ICCF)**  
*When the Idaho Cooperator Certification Form (ICCF) has been completed,  
no other agreement (or EERA) is necessary.*

<b>1. IDL Area/District/Association</b> a. Name and Address:  CPTPA 10250 Hwy 12 Orofino, ID 83544		b. Agreement No.: ID-990-17-42  c. Phone: 208-476-5612  d. FAX: 208-4176-7218		<b>2. EFFECTIVE DATES OF CERTIFICATION</b>  a. Beginning: 6/1/2016 b. Ending: 6/1/2017	
<b>3. FIRE DEPARTMENT</b> a. Name and Address: Weippe Rural Fire Department Po Box 117 Weippe, ID 83553		b. E-mail Address: weippe911@frontier.com  c. Phone (Day): 208-435-9015 Phone (Night): Cell Phone: 208-435-0136 FAX: 208-435-9015		<b>4. ORDERING DISPATCH CENTER</b> Orofino-CPTPA	
<b>5. THE FOLLOWING EQUIPMENT IS BEING PROVIDED:</b> <input checked="" type="checkbox"/> Fully Operated (Includes Personnel & Equipment) <input type="checkbox"/> Unoperated (Personnel Costs Billed Separately)				<b>6. OPERATING SUPPLIES</b> <input checked="" type="checkbox"/> Provided by Incident	
<b>7. ITEM DESCRIPTION - Provide: Make, Model, Year, VIN, License Plate No., and List NWCG Equipment Type</b>			<b>8. HRLY/DAILY/MILEAGE/SHIFT BASIS</b>		<b>9. SPECIAL</b>
Description	Type	Minimum Staff	Rate	Unit	
1970 Kaiser Truck Vin: 05C53970C12510873 License: F2683 Equip # 46	S3	1	\$1,288.00	Daily	
			\$92.00	Hourly	
			\$2,125.00	2 Periods	
1970 Kaiser Truck Vin: 012512824 License: F1388 Fed Excess Equip # 47	WE4	2	\$1,409.00	Daily	
			\$101.00	Hourly	
			\$2,325.00	2 Periods	
1973 International Truck Vin: 43742Y034820 License: F1015 Equip # 44	S1	1	\$1,820.00	Daily	
			\$130.00	Hourly	
			\$3,003.00	Daily	
1983 International Truck Vin: IH7AA19500HA31543 License: F865 Equip #42	E2	3	\$2,450.00	Daily	
			\$175.00	Hourly	
			\$4,043.00	2 Periods	
				Daily	
				Hourly	
				2 Periods	
2005 Dodge 350 Vin: 307LS38C95G759813 License: F2693 Equip # 401	WE7	2	\$1,232.00	Daily	
			\$88.00		
			\$2033.00		
Requested Personnel per Person			\$350.00	Daily	
			\$25.00	Hourly	
			\$0.00		



**Idaho Cooperator Certification Form (ICCF)  
Resources**

**Name**

**Qualification(s)/Licenses  
(NWCG/NFPA/EMS)**

Greg Kling 435-4171	Essentials/survival CDC
Kumalev Kling 435-4171	Fire fighter 1
Rick <del>Em</del> 435 4225	Essentials/survival/CDC
James Catala 435 8176	130 190 Chief
TONY Christopherson 435 4052	130/190/Eng Boss
Marian Crocher	fire fighter
<del>Shane Knight 435 4161</del>	
<del>Jordan Hunt</del>	Essentials/survival, STICD
MARK A FOWLER 435-4357	130/190 Dozer opp
Billy Gene McCoy	Class A CO/ Fire fighter
TAYLOR KING	Fire fighter

# GENERAL EQUIPMENT INFORMATION

1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.
3. CONTRACTOR NAME <i>Wespe Rural Fire Dept</i>	
4. AGREEMENT NO. <i>JD-990-17-42</i>	5. EXPIRATION DATE <i>6</i>
6. MAKE/MODEL <i>2005 Dodge 350</i>	7. EQUIPMENT TYPE <i>LCF7</i>
8. VIN/SERIAL NO. <i>3D7CS38C95G759812</i>	9. LICENSE NO./STATE <i>F 2193</i>

Section I—HEAVY EQUIPMENT	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*	
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens.	*	
6. Steering components: tight, free of play.	*	
7. Brakes: damaged, worn or out of adjustment.	*	
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged.	*	
9. Fuel system: free of leaks and damage.	*	
10. Cooling system: full, free of leaks and damage.	*	
11. Fan and fan belts: check for proper tension. No fraying/cracks.		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf.	*	
13. Belly plate, radiator guards: securely mounted and free from debris.	*	
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges.	*	
17. Dozer and assembly: trunnion bolts missing, cracks.	*	
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db).	*	
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.)		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.	/	
6. Engine starts, idles, and shuts off with switch.	/	

**Section V—REMARKS**  
(Describe all unsatisfactory items and identify by line number).

# 10. PRE-USE INSPECTION

# 401 we 7

Accepted  Rejected

MILES/HRS *Loos* DATE *7-18-16* TIME *09:50*

Inspector's printed name *Shane Anderson* Title \_\_\_\_\_

Inspector's signature *Shane Anderson*

**Section III—LIABILITY**

The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.

Operator's printed name \_\_\_\_\_ Title \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required).	*	
2. Gauges and lights: mounted and function properly.	*	
3. Seat belts: operate properly for each seating position.	*	
4. Glass and mirrors, no cracks in vision.	*	
5. Wipers, washers, and horn operate properly.	*	
6. Clutch pedal: proper adjustment (if applicable).		
7. Cooling system: full, free of leaks and damage.		
8. Fluid levels (e.g. oil) and condition: full and clean.		
9. Battery: check for corrosion, loose terminals and hold downs.		
10. Fuel system: free of leaks and damage.	*	
11. Electrical system: alternator and starter work.		
12. Engine running: check oil pressure, knocks, and leaks.		
13. Transmission: check for leaks.		
14. Steering components: tight, free of play.	*	
15. Brakes: damaged, worn or out of adjustment.	*	
16. 4-Wheel drive: check transfer case, leaks (if applicable).	/	
17. Drive line U-joints: check for looseness.	/	
18. Suspension systems: springs, shocks, other.	*	
19. Differential(s): check for leaks.	/	
20. Exhaust system: no leaks under cab or before turbo.	*	
21. Frame condition, body/bed properly attached.	*	
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage.	/	
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.	/	
24. Emergency equipment required. Fire extinguisher <input checked="" type="checkbox"/> Spare fuses _____ Reflectors _____	*	
25. Operator(s) properly licensed. † Expiration Date _____ State _____ License No _____ Class _____ Endorsement _____ Med. Cert. Expiration Date _____		

**11. RELEASE**  No Damage/No Claim

MILES/HRS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Operator's printed name \_\_\_\_\_ Title \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Inspector's printed name \_\_\_\_\_ Title \_\_\_\_\_

Contractor \_\_\_\_\_  
Resource Order No. \_\_\_\_\_

# GENERAL EQUIPMENT INFORMATION

1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.
3. CONTRACTOR NAME <i>Wespe RFD</i>	
4. AGREEMENT NO. <i>275-990-17-42</i>	5. EXPIRATION DATE
6. MAKE/MODEL <i>1983 Int'l TL</i>	7. EQUIPMENT TYPE <i>C-2</i>
8. VIN/SERIAL NO. <i>JH7A195D0HA31543</i>	9. LICENSE NO./STATE <i>F865</i>

Section I—HEAVY EQUIPMENT*	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*	
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens.	*	
6. Steering components: tight, free of play.	*	
7. Brakes: damaged, worn or out of adjustment.	*	
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged.	*	
9. Fuel system: free of leaks and damage.	*	
10. Cooling system: full, free of leaks and damage.	*	
11. Fan and fan belts: check for proper tension. No fraying/cracks.		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf.	*	
13. Belly plate, radiator guards: securely mounted and free from debris.	*	
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges.	*	
17. Dozer and assembly: trunnion bolts missing, cracks.	*	
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db).	*	
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components; no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.)		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.	/	
6. Engine starts, idles, and shuts off with switch.	/	

**Section V—REMARKS** (Describe all unsatisfactory items and identify by line number).  
*Small Dent in Back Bumper*

**10. PRE-USE INSPECTION** IF 4d

Accepted  Rejected

MILES/HRS *017134* DATE *7-18-16* TIME *09:00*

Inspector's printed name *Shane Anderson* Title \_\_\_\_\_

Inspector's signature *Shane Anderson*

**Section III—LIABILITY**

The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.

Operator's printed name \_\_\_\_\_ Title \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required).	*	
2. Gauges and lights: mounted and function properly.	*	X
3. Seat belts: operate properly for each seating position.	*	/
4. Glass and mirrors, no cracks in vision.	*	/
5. Wipers, washers, and horn operate properly.	*	/
6. Clutch pedal: proper adjustment (if applicable).		
7. Cooling system: full, free of leaks and damage.		/
8. Fluid levels (e.g. oil) and condition: full and clean.		/
9. Battery: check for corrosion, loose terminals and hold downs.		/
10. Fuel system: free of leaks and damage.	*	/
11. Electrical system: alternator and starter work.		/
12. Engine running: check oil pressure, knocks, and leaks.		/
13. Transmission: check for leaks.		/
14. Steering components: tight, free of play.	*	/
15. Brakes: damaged, worn or out of adjustment.	*	/
16. 4-Wheel drive: check transfer case, leaks (if applicable).		
17. Drive line U-joints: check for looseness.		/
18. Suspension systems: springs, shocks, other.	*	
19. Differential(s): check for leaks.		
20. Exhaust system: no leaks under cab or before turbo.	*	/
21. Frame condition, body/bed properly attached.	*	/
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage.	*	0
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.		/
24. Emergency equipment required. Fire extinguisher <input checked="" type="checkbox"/> Spare fuses <input checked="" type="checkbox"/> Reflectors <input checked="" type="checkbox"/>	*	
25. Operator(s) properly licensed. † Expiration Date _____ State _____ License No _____ Class _____ Endorsement _____ Med. Cert. Expiration Date _____		

**11. RELEASE**  No Damage/No Claim

MILES/HRS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Operator's printed name \_\_\_\_\_ Title \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Inspector's printed name \_\_\_\_\_ Title \_\_\_\_\_

Contractor \_\_\_\_\_ Resource Order No. \_\_\_\_\_

# GENERAL EQUIPMENT INFORMATION

1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.
3. CONTRACTOR NAME <i>Wespepe FD</i>	
4. AGREEMENT NO. <i>ID-990-17-42</i>	5. EXPIRATION DATE
6. MAKE/MODEL <i>82 Intersh TK 91800</i>	7. EQUIPMENT TYPE <i>WET</i>
8. VIN/SERIAL NO. <i>1HDAR185XCHAL9909</i>	9. LICENSE NO./STATE <i>F 2821</i>

Section I—HEAVY EQUIPMENT*	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*	
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens.	*	
6. Steering components: tight, free of play.	*	
7. Brakes: damaged, worn or out of adjustment.	*	
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged.	*	
9. Fuel system: free of leaks and damage.	*	
10. Cooling system: full, free of leaks and damage.	*	
11. Fan and fan belts: check for proper tension. No fraying/cracks.		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf.	*	
13. Belly plate, radiator guards: securely mounted and free from debris.	*	
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges.	*	
17. Dozer and assembly: trunnion bolts missing, cracks.	*	
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db).	*	
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.)		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.		
6. Engine starts, idles, and shuts off with switch.		

**Section V—REMARKS** (Describe all unsatisfactory items and identify by line number)

**10. PRE-USE INSPECTION** # 45

Accepted  Rejected

MILES/HRS *086870* DATE *7-19-16* TIME *08:45*

Inspector's printed name *Shane Anderson* Title \_\_\_\_\_

Inspector's signature *Shane Anderson*

**Section III—LIABILITY**

The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.

Operator's printed name \_\_\_\_\_ Title \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required).	*	
2. Gauges and lights: mounted and function properly.	*	/
3. Seat belts: operate properly for each seating position.	*	/
4. Glass and mirrors, no cracks in vision.	*	/
5. Wipers, washers, and horn operate properly.	*	/
6. Clutch pedal: proper adjustment (if applicable).		
7. Cooling system: full, free of leaks and damage.		/
8. Fluid levels (e.g. oil) and condition: full and clean.		/
9. Battery: check for corrosion, loose terminals and hold downs.		/
10. Fuel system: free of leaks and damage.	*	/
11. Electrical system: alternator and starter work.		/
12. Engine running: check oil pressure, knocks, and leaks.		/
13. Transmission: check for leaks.		/
14. Steering components: tight, free of play.	*	/
15. Brakes: damaged, worn or out of adjustment.	*	/
16. 4-Wheel drive: check transfer case, leaks (if applicable).		/
17. Drive line U-joints: check for looseness.		/
18. Suspension systems: springs, shocks, other.	*	/
19. Differential(s): check for leaks.		/
20. Exhaust system: no leaks under cab or before turbo.	*	/
21. Frame condition, body/bed properly attached.	*	/
22. Tires/wheels (including spars and all changing equipment) sufficient load rating, tread depth, no major damage.	*	/
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.		/
24. Emergency equipment required. Fire extinguisher _____ Spare fuses _____ Reflectors _____	*	
25. Operator(s) properly licensed. † Expiration Date _____ State _____ License No _____ Class _____ Endorsement _____ Med. Cert Expiration Date _____		

**11. RELEASE**  No Damage/No Claim

MILES/HRS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Operator's printed name \_\_\_\_\_ Title \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Inspector's printed name \_\_\_\_\_ Title \_\_\_\_\_

Contractor \_\_\_\_\_ Resource Order No. \_\_\_\_\_

# GENERAL EQUIPMENT INFORMATION

1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.
3. CONTRACTOR NAME <i>Wespee RFD</i>	
4. AGREEMENT NO. <i>TD-990-17-42</i>	5. EXPIRATION DATE
6. MAKE/MODEL <i>73 Int'l TIK</i>	7. EQUIPMENT TYPE <i>SI</i>
8. VIN/SERIAL NO. <i>43742Y034820</i>	9. LICENSE NO./STATE <i>FID15</i>

Section I—HEAVY EQUIPMENT	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*	
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens.	*	
6. Steering components: tight, free of play.	*	
7. Brakes: damaged, worn or out of adjustment.	*	
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged.	*	
9. Fuel system: free of leaks and damage.	*	
10. Cooling system: full, free of leaks and damage.	*	
11. Fan and fan belts: check for proper tension. No fraying/cracks.		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf.	*	
13. Belly plate, radiator guards: securely mounted and free from debris.	*	
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges.	*	
17. Dozer and assembly: trunnion bolts missing, cracks.	*	
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db).	*	
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.)		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.		
6. Engine starts, idles, and shuts off with switch.		

**Section V—REMARKS** (Describe all unsatisfactory items and identify by line number):

7744

## 10. PRE-USE INSPECTION

Accepted  Rejected

MILES/HRS *127689* DATE *7-18-16* TIME *09:15*

Inspector's printed name *Shane Anderson* Title \_\_\_\_\_

Inspector's signature *Shane Anderson*

### Section III—LIABILITY

The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.

Operator's printed name \_\_\_\_\_ Title \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required).	*	
2. Gauges and lights: mounted and function properly.	*	
3. Seat belts: operate properly for each seating position.	*	
4. Glass and mirrors, no cracks in vision.	*	
5. Wipers, washers, and horn operate properly.	*	
6. Clutch pedal: proper adjustment (if applicable).		
7. Cooling system: full, free of leaks and damage.		
8. Fluid levels (e.g. oil) and condition: full and clean.		
9. Battery: check for corrosion, loose terminals and hold downs.		
10. Fuel system: free of leaks and damage.	*	
11. Electrical system: alternator and starter work.		
12. Engine running: check oil pressure, knocks, and leaks.		
13. Transmission: check for leaks.		
14. Steering components: tight, free of play.	*	
15. Brakes: damaged, worn or out of adjustment.	*	
16. 4-Wheel drive: check transfer case, leaks (if applicable).		
17. Drive line U-joints: check for looseness.		
18. Suspension systems: springs, shocks, other.	*	
19. Differential(s): check for leaks.		
20. Exhaust system: no leaks under cab or before turbo.	*	
21. Frame condition, body/bed properly attached.	*	
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage.	*	
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.		
24. Emergency equipment required. Fire extinguisher <input checked="" type="checkbox"/> Spare fuses _____ Reflectors _____	*	
25. Operator(s) properly licensed. † Expiration Date _____ State _____ License No _____ Class _____ Endorsement _____ Med. Cert Expiration Date _____		

## 11. RELEASE

No Damage/No Claim

MILES/HRS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Operator's printed name \_\_\_\_\_ Title \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Inspector's printed name \_\_\_\_\_ Title \_\_\_\_\_

Contractor \_\_\_\_\_ Resource Order No. \_\_\_\_\_

# GENERAL EQUIPMENT INFORMATION

1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.
3. CONTRACTOR NAME <i>Libby RFD</i>	
4. AGREEMENT NO. <i>11-990-17-42</i>	5. EXPIRATION DATE
6. MAKE/MODEL <i>70 Kawentik</i>	7. EQUIPMENT TYPE
8. VIN/SERIAL NO. <i>05C5397D C125 10872</i>	9. LICENSE NO./STATE <i>F2483</i>

Section I—HEAVY EQUIPMENT	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*	
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens.	*	
6. Steering components: tight, free of play.	*	
7. Brakes: damaged, worn or out of adjustment.	*	
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged.	*	
9. Fuel system: free of leaks and damage.	*	
10. Cooling system: full, free of leaks and damage.	*	
11. Fan and fan belts: check for proper tension. No fraying/cracks.		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf.	*	
13. Belly plate, radiator guards: securely mounted and free from debris.	*	
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges.	*	
17. Dozer and assembly: trunnion bolts missing, cracks.	*	
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db).	*	
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.)		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.		
6. Engine starts, idles, and shuts off with switch.		

**Section V—REMARKS** (Describe all unsatisfactory items and identify by line number)

**10. PRE-USE INSPECTION** FF46

Accepted  Rejected

MILES/HRS *31392* DATE *7-18-16* TIME \_\_\_\_\_

Inspector's printed name *Shane Anderson* Title \_\_\_\_\_

Inspector's signature *Shane Anderson*

**Section III—LIABILITY**

The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.

Operator's printed name \_\_\_\_\_ Title \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA Inspection in the last 12 months (if required).	*	<input checked="" type="checkbox"/>
2. Gauges and lights: mounted and function properly.	*	
3. Seat belts: operate properly for each seating position.	*	
4. Glass and mirrors, no cracks in vision.	*	
5. Wipers, washers, and horn operate properly.	*	
6. Clutch pedal: proper adjustment (if applicable).		
7. Cooling system: full, free of leaks and damage.		
8. Fluid levels (e.g. oil) and condition: full and clean.		
9. Battery: check for corrosion, loose terminals and hold downs.		
10. Fuel system: free of leaks and damage.	*	
11. Electrical system: alternator and starter work.		
12. Engine running: check oil pressure, knocks, and leaks.		
13. Transmission: check for leaks.		
14. Steering components: tight, free of play.	*	
15. Brakes: damaged, worn or out of adjustment.	*	
16. 4-Wheel drive: check transfer case, leaks (if applicable).		
17. Drive line U-joints: check for looseness.		
18. Suspension systems: springs, shocks, other.	*	
19. Differential(s): check for leaks.		
20. Exhaust system: no leaks under cab or before turbo.	*	
21. Frame condition, body/bed properly attached.	*	
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage.	*	
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.		
24. Emergency equipment required. Fire extinguisher <input checked="" type="checkbox"/> Spare fuses _____ Reflectors _____	*	
25. Operator(s) properly licensed. † Expiration Date _____ State _____ License No _____ Class _____ Endorsement _____ Med. Cert Expiration Date _____		

**11. RELEASE**  No Damage/No Claim

MILES/HRS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Operator's printed name \_\_\_\_\_ Title \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Inspector's printed name \_\_\_\_\_ Title \_\_\_\_\_

Contractor \_\_\_\_\_ Resource Order No. \_\_\_\_\_

# GENERAL EQUIPMENT INFORMATION

1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.
3. CONTRACTOR NAME <i>Wespe RFD</i>	
4. AGREEMENT NO. <i>15-990-17-42</i>	5. EXPIRATION DATE
6. MAKE/MODEL <i>1970 Kaiser Truck</i>	7. EQUIPMENT TYPE <i>WE 4</i>
8. VIN/SERIAL NO. <i>012512824</i>	9. LICENSE NO./STATE <i>F 1388</i>

Section I—HEAVY EQUIPMENT*	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*	
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens.	*	
6. Steering components: tight, free of play.	*	
7. Brakes: damaged, worn or out of adjustment.	*	
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged.	*	
9. Fuel system: free of leaks and damage.	*	
10. Cooling system: full, free of leaks and damage.	*	
11. Fan and fan belts: check for proper tension. No fraying/cracks.		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf.	*	
13. Belly plate, radiator guards: securely mounted and free from debris.	*	
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges.	*	
17. Dozer and assembly: trunnion bolts missing, cracks.	*	
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db).	*	
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.)		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.		
6. Engine starts, idles, and shuts off with switch.		

**Section V—REMARKS** (Describe all unsatisfactory items and identify by line number)

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## 10. PRE-USE INSPECTION

Accepted  Rejected

MILES/HRS *8403* DATE *7-18-16* TIME *09:15*

Inspector's printed name *Shane Anderson* Title \_\_\_\_\_

Inspector's signature *Shane Anderson*

### Section III—LIABILITY

The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.

Operator's printed name \_\_\_\_\_ Title \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required).	*	
2. Gauges and lights: mounted and function properly.	*	
3. Seat belts: operate properly for each seating position.	*	
4. Glass and mirrors, no cracks in vision.	*	
5. Wipers, washers, and horn operate properly.	*	
6. Clutch pedal: proper adjustment (if applicable).		
7. Cooling system: full, free of leaks and damage.		
8. Fluid levels (e.g. oil) and condition: full and clean.		
9. Battery: check for corrosion, loose terminals and hold downs.		
10. Fuel system: free of leaks and damage.	*	
11. Electrical system: alternator and starter work.		
12. Engine running: check oil pressure, knocks, and leaks.		
13. Transmission: check for leaks.		
14. Steering components: tight, free of play.	*	
15. Brakes: damaged, worn or out of adjustment.	*	
16. 4-Wheel drive: check transfer case, leaks (if applicable).		
17. Drive line U-joints: check for looseness.		
18. Suspension systems: springs, shocks, other.	*	
19. Differential(s): check for leaks.		
20. Exhaust system: no leaks under cab or before turbo.	*	
21. Frame condition, body/bed properly attached.	*	
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage.	*	
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.		
24. Emergency equipment required. Fire extinguisher <input checked="" type="checkbox"/> Spare fuses _____ Reflectors _____	*	
25. Operator(s) properly licensed. † Expiration Date _____ State _____ License No _____ Class _____ Endorsement _____ Med. Cert. Expiration Date _____		

## 11. RELEASE

No Damage/No Claim

MILES/HRS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Operator's printed name \_\_\_\_\_ Title \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Inspector's printed name \_\_\_\_\_ Title \_\_\_\_\_

Contractor \_\_\_\_\_ Resource Order No. \_\_\_\_\_

\* Safety Item—Do not accept until brought into compliance.

† Include information for additional operators in REMARKS section.

SEE SUPPLEMENTAL INFORMATION ON BACKSIDE OF CONTRACTOR COPY

