



Idaho Department of Lands Industrial Operations Information

Forest Protective District: _____ Date: _____

Location - Section: _____ Township: _____ Range: _____

Operator: _____ Phone: _____

Address: _____

Type of Operation: Logging Industrial Construction Sawmill

of Workers: _____ Name of Foreman: _____

EQUIPMENT: DOZERS, TRACTORS, RUBBER-TIRED SKIDDERS, EXCAVATORS, ETC.

Description/Identification	Approved Spark Arrester	Exhaust System	Fire Ext.	Shovel	Axe or Pulaski
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Note: July 1 – Sept 30 Requirements: 200gal tank/trailer Water pump output >20gpm through 50' of 3/4" hose
500' of 3/4" hose or larger with 200' connected to pump

Remarks: _____

EQUIPMENT: JAMMERS, LOADERS, LONG-LINE SKIDDERS, FORWARDERS, ETC.

Description/Identification	Approved Spark Arrester	Fire Ext.	Fire Tool Cache - Shovels	Fire Tool Cache - Pulaski's	5 Gal. Back Pack Pump
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Note: July 1 – Sept 30 Requirements: 200gal tank/trailer
Water pump output >20gpm through 50' of 3/4" hose
500' of 3/4" hose or larger with 200' connected to pump
Clearing under blocks (10' slope distance)
5gal pump-equipped water can/bag & shovel at each block

Remarks: _____

TRUCKS, BUSES, PICKUPS, AUTOMOBILES, SERVICE TRUCKS, OR SIMILAR EQUIPMENT USED IN TRANSPORTING LOGS, PERSONNEL, EQUIPMENT AND/OR MATERIALS

Description/Identification	Approved Spark Arrester	Exhaust System	Fire Ext.	Shovel	Axe or Pulaski
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Remarks: _____

POWER SAWS

Sawyer's Name and Saw Identification	Muffler w/ Screen	Fire Ext.	Shovel Available	Safe Practices Observed
	Yes / No	Yes / No	Yes / No	Yes / No
	Yes / No	Yes / No	Yes / No	Yes / No
	Yes / No	Yes / No	Yes / No	Yes / No

Remarks: _____

X _____
COMPANY REPRESENTATIVE

X _____
IDAHO DEPARTMENT OF LANDS