WYDOT FIREGUARD INSPECTION REPORT FORM

Four copies shall be prepared for each annual inspection or upon completion of periodic inspections. One copy to be retained by each member of the inspection team, and one forwarded to the Commission by *November* 1 of each year.

		Date:	
Agent: County: Railroad:	Wyoming State Forestry Division:		
Kam oau.			
	INSPECTION PARTY		
Signatures:			<
_		·	
1.			
	Name	Title	•
2.			
	Name	Title	
	Name		
3.			
		Title	
	Name	11tte	
Treatment:	Select one or combination of treatments f	rom items 1 - 10 of Section 4 of the WY	DOT
	Regulations. Treatment area determined by railroad mile post system.		
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To be compl	eted at the earliest date depending on wear	ther and fire conditions.	
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Forwarded:	Commission Agent.		
	CONTINUED TO IT & TO ATTOM		

Rev. May, 2002