

INCIDENT INSPECTION CHECKLIST

INCIDENT NAME: _____

INCIDENT NUMBER: _____

RESOURCE #: _____

COMPANY/CONTRACTOR: _____

CONTRACT / AGREEMENT NUMBER: _____

SERIAL # or VIN# on Unit: _____

LICENCE PLATE #: _____

Exp. _____

TECHNICIAN / OPERATOR NAME(S): _____

EQUIPMENT / OPERATOR REQUIREMENTS - PORTABLE AIR TRAFFIC CONTROL TOWER

#	<u>Minimum Requirements</u>	<u>Yes</u>	<u>No</u>
---	<i>(Not all inclusive, for additional items and clarification refer to contract – Section D)</i>	---	---
	Provide portable air traffic control towers that meet the minimum FAA authorized requirements for Positive Air Traffic Control Services in a Mobile Tower Environment.	---	---
1	One copy of complete Agreement: Note, must have arrived at incident with at least 1 complete copy <i>(may verify with Finance/Equipment Times)</i> (D.8)		
2	Completed Check-In Process: <i>(Note: Also includes; Finance, and Plans)</i> (D.6.5.3)		
3	VIN # on equipment matches Resource Order <i>(may also have to verify on DPL): Note: This is also a business rule that could affect payment.</i> (Schedule of Items) (D.6.2 (D.6.3.1)		
4	Incident Pre-Use Inspection (OF-296 Vehicle/Heavy Equipment Inspection): This PORTABLE AIR TRAFFIC CONTROL TOWER has successfully completed Mechanical Inspection for this incident (D.17) (D.17.1)		
5	Trailers: Minimum of two (2) trailers - 26' to 32' (D.2.1.1)		
6	Fully functional Tower Cab shall include: Approved radio equipment Computer equipment (AFF capability) 2ICOM, 200A VHF radios Wind speed and direction indicator Altimeter Light gun Living quarters with office space for (2) operators. (D.2.1.1)	---	---
7	Qualified Technician: Two (2) fully qualified and certified Air Traffic Control Tower Operators/Specialists (CTO) shall be required. (D.2.1.1)		
8	Equipment shall include: laptop, internet connection, and copy/fax/scanner. (D.2.1.1)		
9	Two (2) generators for backup power? (1) Main power and (1) standby unit. (D.2.1.1)		
10	Tow/Support vehicle (D.2.1.1 e)		
11	All transportation vehicles shall be in sound mechanical condition with sufficient horsepower and mainframe configurations to ensure successful performance on roads and highways, or in terrain described in these specifications. (D.2.1.2)		

EQUIPMENT KIND: PORTABLE AIR TRAFFIC CONTROL TOWER

DATE: _____ TIME: _____

Contractor is given the opportunity (*Optional*), to correct noted deficiencies, up to 24 Hours as of;
Date: _____ Time: _____ See Remarks (D.17 B)

Contactor successfully corrected noted deficiencies: **Date: _____ Time: _____**
Inspector: _____

REMARKS:

CONTRACTOR REPRESENTATIVE: _____ Title: _____ Date: _____
(Print and Sign)

GOVERNMENT INSPECTOR: _____ Title: _____ Date: _____
(Print and Sign)