

Date: \_\_\_\_\_ Time: \_\_\_\_\_ E # \_\_\_\_\_

Incident Name: \_\_\_\_\_ Incident # \_\_\_\_\_

Company /  
Contractor: \_\_\_\_\_ Equipment ID: \_\_\_\_\_

Agreement # \_\_\_\_\_ Equipment Make: \_\_\_\_\_

VIN/Serial # \_\_\_\_\_ Equipment Model: \_\_\_\_\_

**MINIMUM EQUIPMENT REQUIREMENTS**

	<i>Not all inclusive; for additional clarification refer to the agreement (SF-1449 section D).</i>		<b>Yes</b>	<b>No</b>
1	<b>Equipment VIN/serial # matches resource order</b> (Schedule of Items)	D.6.3.1		
2	<b>Check-in process completed</b>	D.6.5.3		
3	<b>OF-296 Vehicle/Heavy Equipment Pre-use Inspection Checklist completed</b>	D.17		
4	<b>Agreement:</b> One complete copy	D.8		
5	<b>Personnel:</b> Full Name & RT-130 Fire Line Refresher Completion Date Operator Name: _____ Date: _____	D.3.1.1		
6	<b>Tank:</b> Securely attached to the chassis. <i>Fiberglass or plastic tanks must be surrounded by steel to prevent puncture damage.</i>	D.2.1.2		
7	<b>Lighting:</b> 2 forward & 2 rear, mounted to the equipment in such a way to provide protection from damage and provide illumination beyond the work area.	D.2.1.2		
8	<b>Back-Up Alarm</b>	D.2.1.2		
9	<b>Pump &amp; Roll:</b> Equipment must be able to pump water and foam while moving.	Inventory List		
10	<b>Dump Valve:</b> 3-inch minimum, capable of dumping into a port-a-tank.	D.2.1.2.3		
11	<b>Discharge Outlet:</b> 1-inch NPSH	D.2.1.2.3		
12	<b>Fill Pipe:</b> 4-inch minimum	D.2.1.2.3		
13	<b>Programmable Radio:</b> One (1) handheld programmable radio with two (2) fully charged battery packs.	D.2.1.2		
14	<b>Boots:</b> All leather, 8" high with lug type sole in good condition.	D.2.1.2		
15	<b>PPE:</b> <i>For ALL personnel</i> Hardhat, Gloves, Hearing Protection, Eye Protection, Headlamp w/batteries	D.2.1.2		
16	<b>Flame resistant clothing:</b> <i>Minimum 2 full sets of flame-resistant shirts and pants certified to NFPA 1977 standard for ALL personnel.</i>	D.2.1.2		
17	<b>Fire shelter:</b> New Generation, <i>for ALL personnel.</i>	D.2.1.2		

18	<b>Fire extinguisher:</b> 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag.	D.2.1.2		
19	<b>First aid kit:</b> 5 person minimum	D.2.1.2		
20	<b>Pump Type</b>	D.2.1.2	Auxiliary	PTO
21	<b>Pump Discharge Pressure Gauge</b>	D.2.1.2		
22	<b>Fuel and Tool kit for pump (if equipped with Auxiliary Pump):</b> Minimum 5 gallons and Pump accessories (i.e., Pliers, Oil, Screwdrivers etc.)	D.2.1.2		
<b>MINIMUM INVENTORY</b>				
23	<b>2 – Nozzle, combo fog/straight stream, 1” NPSH Female</b>	Inventory List		
24	<b>1 – Double Male, 1” NPSH</b>			
25	<b>1 – Double Female, 1” NPSH</b>			
26	<b>1 – Reducer, 1 ½” NH Female to 1” NPSH Male</b>			
27	<b>1 – Reducer, 1” NPSH Female to ¾” Garden Hose Male</b>			
28	<b>1 – Adapter, 1” NH Female to 1” NPSH Male</b>			
29	<b>1 – Adapter, 1” NPSH Female to 1” NH Male</b>			
30	<b>1 – Spanner Wrench, combination 1” &amp; 1 ½”</b>			
31	<b>1 – Fire Hose Clamp, Forestry</b>			
32	<b>1” Hose – 200’</b>			
33	<b>1 – 20’ Suction hose with strainer or screened foot valve</b>			
34	<b>Live Hose Reel – Operational with min. of 100’ of 1” hose (non-collapsible/hardline) with ¾” inside diameter</b>			
35	<b>1 – Shovel, size “0”</b>			
36	<b>1 – Pulaski</b>			
37	<b>All inventory permanently etched or engraved with company information. <i>Painting or marking the equipment with permanent markers is not acceptable.</i></b>			
38	<b>Vendor maintains a complete inventory list, including any extra items they may be carrying.</b>			
<b>OPTIONAL ATTRIBUTES</b>				
39	<b>Winch or Grapple that is operable.</b>	D.2.1.2.3 D.6.2		
40	<b>Foam Proportioner System:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	D.2.1.2.4 D.6.2		
41	<b>Compressed Air Foam System</b>	D.2.1.2.1		

☐ Equipment meets agreement specifications      ☐ Equipment does not meet agreement specifications

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print* *Sign*

Operator: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print* *Sign*

☐ Contractor given the opportunity to correct  
noted deficiencies (***See Remarks***)      ☐ Contractor successfully corrected  
noted deficiencies

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print* *Sign*

**REMARKS:** (*Note in detail any deficiencies, pertinent information, comments, etc.*)
