

Date: _____ Time: _____ E # _____

Incident Name: _____ Incident # _____

Company /

Contractor: _____ Equipment ID: _____

Agreement # _____ Equipment Make: _____

VIN/Serial # _____ Equipment Model: _____

License Plate # _____ License Plate State: _____

Operator's Full Name: _____

EQUIPMENT TYPE / ATTRIBUTES☐**Type 1** – 4000+ gallons☐**Type 2** – 2500 ⇒ 3999 gallons☐**Type 3** – 1000 ⇒ 2499 gallons☐**Type 4** – 400 ⇒ 999 gallons**MINIMUM EQUIPMENT REQUIREMENTS**

	<i>Not all inclusive; for additional clarification refer to the agreement (SF-1449 section D).</i>		Yes	No
1	Equipment VIN/serial # matches resource order (Schedule of Items)	D.6.3.1		
2	Check-in process completed	D.6.5.3		
3	OF-296 Vehicle/Heavy Equipment Pre-use Inspection Checklist completed	D.17		
4	Agreement: One complete copy	D.8		
5	Vehicle Identification: All equipment shall have the company's name and unique identification number affixed on each side of the vehicle.	D.2.1.2.2		
6	Annual Certification Current: DOT #: _____ or CVSA Inspection #: _____	D.2.2		
7	Tank Labeling: <input type="checkbox"/> "GRAY WATER" clearly labeled on both sides of the tank in lettering at least 4" in height. <input type="checkbox"/> Capacity , in gallons clearly displayed on both sides of the tank or on both cab doors in lettering at least 2" in height.	D.2.1.2.2		
8	Racks provided for carrying equipment on the truck.	D.2.1.2.2		
9	Wheel Chocks: Set of 2	D.2.1.2.2		
10	Back-Up Alarm	D.2.2		
11	Brakes on all axles.	D.2.1.2.2		
12	Auxiliary Brakes: All vehicles 36,000 GVWR+ shall be installed with an operator-controlled auxiliary braking system in addition to the service brakes	D.2.1.2.2		

VIPR Fire Equipment Incident Compliance Inspection Checklist

GRAY WATER

	(i.e., engine retarder, transmission retarder, driveline retarder, or exhaust retarder).			
13	Fire extinguisher: 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag.	D.2.2.4		
14	History: Was truck used for servicing Black Water? <i>If yes, tank must be completely sanitized, clean and order free.</i>	D.2.1.2.2		
15	Tank Meets Industry Standards: Made of metal construction, welded/riveted, watertight, and splash proof. Poly tanks are acceptable if they meet industry standards.	D.2.1.2.2		
16	Tank Attachment: Attached to chassis frame or to a structurally sound flat bed in such a way to withstand pitch, roll and yaw of the load during on and off-road operation of the unit without damaging the tank or other chassis components.	D.2.1.2.2		
17	Tank Watertight & Splash Proof: Any overhead fill (<i>hatch/opening on top of tank</i>) is securely sealed/watertight.	D.2.1.2.2		
18	Automatic Shut-Off: All tanks shall be equipped with an automatic shut-off or sight tube to prevent over filling tanks.	D.2.1.2.2		
19	Pump: <i>Constructed to prevent leakage, spillage, or splashing. On all diaphragms or similar types of open pumps, a tight metal hood shall be provided over the pump.</i>	D.2.1.2.2	Vacuum (GWV)	Standard (GWP)
20	Approved Spark Arrester (<i>required for naturally aspirated engines</i>)	D.2.1.2.4		
21	Discharge Gates or Valves: Leak proof and constructed to discharge contents in a manner that will not create a nuisance. All inlets and outlets provided with a cap to prevent dripping.	D.2.1.2.2		
22	Hose: Minimum of 100' of hose, 2" male and a 2" female camlock adapter are required to attach the pump truck to the storage tank. <i>Hoses, fittings, and attachments that may have been used for black water disposal shall not be used for gray water disposal. Service trucks must have dedicated hoses for gray water disposal.</i>	D.2.1.2.2		
23	Hoses Labeled: Marked/labeled "gray water" at each end.			
24	State or Local Certifications: (<i>where applicable</i>) <input type="checkbox"/> Current State or Local Septic Tank, Cesspool, and Privy Cleaner License with counties listed where wastewater will be collected or equivalent for each state operating in. <input type="checkbox"/> Current State or Local Septic Tank, Cesspool, and Privy Cleaner Vehicle Inspection or equivalent for each state operating in.	D.2.1.2.2		
25	Dump Site Location: Name of person who designated the site: Title of person who designated the site:	D.2.1.2.2		

☐ 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***)

☐ Contactor successfully corrected
noted deficiencies

Inspector: _____ Date: _____
Print *Sign*

REMARKS: (<i>Note in detail any deficiencies, pertinent information, comments, etc.</i>)