

FUEL TENDER INCIDENT INSPECTION CHECKLIST**Date:** _____ **Time:** _____

INCIDENT NAME: _____ INCIDENT NUMBER: _____ RESOURCE #: E-_____

COMPANY/CONTRACTOR: _____

AGREEMENT NUMBER: _____

EQUIPMENT MAKE: _____ MODEL: _____

VIN/SERIAL #: _____

OPERATOR NAME: _____ DRIVER'S LICENSE, State and # _____
Exp. _____ Class _____ Endorsements _____**EQUIPMENT and OPERATOR REQUIREMENTS – Fuel Tender**TYPE 1: 3501+ gallons TYPE 2: 2501 → 3500 gallons TYPE 3: 500 → 2500 gallons **Minimum Requirements***Not all inclusive; for additional clarification refer to agreement (SF-1449 section D)***Yes** **No**

| | | | |
|----|---|-----------------|--|
| 1 | Agreement (One complete copy) | (D.8) | |
| 2 | Check-In Process Completed (Note: Also includes; Finance, and Plans) | (D.6.5.3) | |
| 3 | Equipment VIN/Serial # matches Resource Order (may also have to verify on DPL): Note: This is also a business rule that could affect payment. (Schedule of Items) (D.6.3.1) | | |
| 4 | Incident Pre-Use Inspection Completed (OF-296 Vehicle/Heavy Equipment Mechanical Inspection) | (D.17) (D.17.1) | |
| 5 | US DOT Inspection: Fully registered as a commercial vehicle and be current with all DOT, EPA and State inspection requirements. DOT #: _____ or CVSA# _____ | (D.2.1.2) | |
| 6 | Current EPA inspection verification: DATE: _____ | (D.2.1.2) | |
| 7 | Operator of Vehicle Properly licensed: Valid CDL in possession <input type="checkbox"/> Hazardous Materials Endorsement <input type="checkbox"/> Medical Card (if card is available from the State) <input type="checkbox"/> (D.3.1 1) (D.6.6) | | |
| 8 | Vehicle Identification Company name and unique identification number affixed to the vehicle | (D.2.2.5) | |
| 9 | Visual and Leakage (VK) test: Current, yearly test. Date: _____ | (D.2.1.3) | |
| 10 | Internal and Pressure (I&P) verification within last 5 years: Date: _____ | (D.2.1.3) | |
| 11 | Meter: Certified meter to measure accurate deliveries of fuel | (D.2.1.2) | |
| 12 | Fuel Dispensing System: Separate dispensing system for each product offered Diesel <input type="checkbox"/> Unleaded Gasoline <input type="checkbox"/> (D.2.1.2) | | |
| 13 | Hoses and Nozzles: Hoses and nozzles are appropriate size for dispensing fuels. (Note: Small nozzle for Unleaded, and Large nozzle for Diesel) | (D.2.1.3) | |
| 14 | Hoses and Nozzles: In good condition with no deep cracks or leaking surfaces | (D.2.1.3) | |
| 15 | Bonded Hose Reel and/or Ground Rod and Cable: | (D.2.1.4) | |
| 16 | Valves: All tank control valves shall be protected by an emergency shutoff valve. | (D.2.1.3) | |
| 17 | Shut Off Handles: Painted red or decal, should direct user to emergency valve | (D.2.1.3) | |
| 18 | Valves: No visible signs of leakage and equipped with fusible nuts | (D.2.1.3) | |
| 19 | Electrical Wiring: Within tank compartments are covered with no exposed wires | (D.2.1.3) | |

Minimum Requirements (continued)**Yes** **No**

| | | | | |
|----|---|-----------|--|--|
| 20 | Lights and Switches: In explosion proof housing | (D.2.1.3) | | |
| 21 | Electrical Fixtures: Openings protected with rubber grommets | (D.2.1.3) | | |
| 22 | Fire Extinguisher 2A 10BC securely mounted to vehicle | (D.2.2.4) | | |
| 23 | Hazardous Materials Compliance Pocketbook: | (D.2.1.4) | | |
| 24 | Emergency Response Guidebook: (Most current edition) | (D.2.1.4) | | |
| 25 | Flashlight: ("D" Cell or better) | (D.2.1.5) | | |
| 26 | Wheel Chocks: (Minimum 2) | (D.2.1.5) | | |
| 27 | *Seat Belts | (D.2.1.5) | | |
| 28 | Fuel Spill Containment Kits: | (D.2.1.2) | | |
| 29 | Ability to accept all major credit cards and provide receipts for fuel purchases | (D.2.1.6) | | |
| 30 | Per gallon prices shall be displayed in a visible fashion. | (D.2.1.6) | | |
| 31 | Back-up alarm. | (D.2.1.5) | | |

*Item may be waived if inspection successfully performed on the OF-296.

Equipment meets agreement specifications Equipment does not meet agreement specifications

Inspector: _____ Date: _____
(Print and sign)

Contractor: _____ Date: _____
(Print and sign)

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

Inspector: _____ Date: _____

REMARKS: _____

