SUPPORT WATER TENDER HANDS-ON INSPECTION FORM

This inspection form may be used in conjunction with Optional Form 296 Last edit: 2/17/22

Company Name:			Date of Inspection:			
Equipment Unique ID:			Odometer Reading:			
Support Water Tender Type (1-3 NWCG):			Allowable Tank Capacity (gallons):			
License Plate #:			State:			
Make:	N	Model:		Year:		
VIN#:					Yes	No
Operator of vehicles and endorsements rec				DL requirements		
All Wheel Drive	uned for state in wind	on operator is ficen	seu			
Company Name affixed on both sides of cab						
Equipment ID # affix						
DOT # on both sides			01 lbs. or gi	reater)		
Current DOT or CVS				,		
Minimum Support T			,		Yes	No
1 – Adapter, 1 ½" NF		IH Male			100	110
1 – Adapter, 1 ½" NF						
1 – Nozzle, combo fo						
1 – Reducer, 1 ½" NI						
2 – Reducer, 2 ½" NI						
1 – Double Male, 1 ½						
1 – Double Female, 1						
1 – Gated Wye, 1 ½"						
1 – Spanner Wrench,		2 1/2"				
1 – Adjustable Hydra						
1 – Fire Hose Clamp,						
100' – 1 ½" cotton/sy		ad				
$50^{\circ} - 2\frac{1}{2}^{\circ}$ cotton/sym						
20' Suction hose with						
1 - Shovel, size 0 or		1001 14110				
1 – Silovei, size 0 01 1 1 – Pulaski						
1 – Fulaski 1 – Handheld Programmable Radio with 2 fully charged battery packs						
All inventory permanently etched or engraved with company information						
Pump Type (select one)					Avvriliant	DTO
Actual Pump PSI: Minimum Requirement is 50 PSI					Auxiliary	PTO
•		-				
Approved spark arrestor on all naturally aspirated auxiliary engines						
Draft from 10' vertical through suction hose with foot valve						
Fuel to operate pump in DOT approved container for min. 12 hr. run time (if auxiliary)						
Discharge Outlets						
1 – 2 ½" NH						
2 – 1 ½" NH						
Minimum 4" Du	mp Valve at bottom o	`		Γ		
Suspension						
(select one)	Suspension	Suspensi	Duly Single Rear Axie Locking Differential			
Spray Bar						
Configuration	Gravity Front or Rear	Gravity Front & Rear Pressure Front or Rear Pressure Front & Rear			ont & Rear	
(select one)						

SUPPORT WATER TENDER POST AWARD INSPECTION FORM

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Last edit: 1/25/22

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Personal Protective Equipment (for all personnel)						
Fire Shelter	Nomex shirt/pants (2 sets) Hearing Protection Gloves					
Hardhat	Boots Eye Protection Headlamp					
Additional Vehicle Safety Items (Minimum Requirements)					es	No
Reflective Triangles, bi-directional, set of 3						
1 – Fire Extinguisher, 2A 10BC or better						
1 – First Aid Kit (5 person)						
2 – Wheel chocks (see Definitions)						
1 – Flashlight						
Seat Belts for all Passengers						
Back up Alarm (87 decibels) & back up lights (2)						
Brakes on all axles						
Operator controlled auxiliary brake system on all vehicles 36,000 GVWR or greater						
Tank meets baffling requirements specified in D.2.1.2(f)						
Water tank firmly attached to frame or structurally sound flat bed						
Tires minimum tread: 4/32" front (steering axle), 2/32" rear tires						
Tire load ratings in accordance with vehicle GVWR						
WEIGHT / GALLON CALCULATION All Water Tenders shall be weighed fully loaded with water to ensure manufacturers GAWR and GVWR are not exceeded when fully loaded. This form may also be used to determine tank capacity in gallons by weighing the vehicle						
empty and full and dividing the difference by 8.33 lbs. to determine the tank capacity in gall Manufacturer's GVWR Loaded We					ded Weight	
I				0		

1 3	1 7 0	
Manufacturer's GVWR	Loaded Weight	Unloaded Weight
Manufacturer's GAWR Front Axle		
Manufacturer's GAWR Rear Axle – 1st Axle Tandem		
Manufacturer's GAWR Rear Axle – 2 nd Axle Tandem		
Manufacturer's GAWR Lift Axle (if applicable)		
Add 250 lbs. per person to loaded weight: (SWT require 1 person)		
Total Loaded Weight		
Total Unloaded Weight		
Loaded Weight minus Unloaded Weight		
Loaded Weight minus Unloaded Weight ÷ 8.33 lbs. = gallons capacity		

MINIMUM STANDARDS	SUPPORT	T WATER T	TENDERS
ТҮРЕ	1	2	3
Tank Capacity (GAL)			
MIN	4000	2500	1000
MAX	NONE	3999	2499
Pump Minimum Flow (GPM)	300	200	200
Pump @ rated pressure (PSI)	50	50	50
Spray Bar or Equivalent	Yes	Yes	Yes
Maximum Refill Time (minutes)	30	20	15
Drafting Capabilities			
May use portable pump that meets min. standards	Yes	Yes	Yes
Personnel (minimum)	1	1	1

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Name of Contractor (type or print)	Signature of Contractor	Date
Name of Inspector (type or print)	Signature of Inspector	Date
Inspectors' Agency:	Inspectors' Phone #:	Inspectors' E-mail:
PASS		FAIL
Remarks: (Document all items that fail in	espection or need attention.)	