**INCIDENT INSPECTION CHECKLIST**

***INCIDENT NAME:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*INCIDENT NUMBER:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*RESOURCE #: E-*\_\_\_\_**

**COMPANY/CONTRACTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGREEMENT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

 **EQUIPMENT and REQUIREMENTS – Portable Toilet/Portable Hand Wash**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Minimum Requirements** | **Yes** | **No** |
| --- | *Not all inclusive; for additional clarification refer to agreement (SF-1449 section D)* | ----- | ----- |
| 1 | **Agreement: One complete copy. Note, must have arrived at incident with at least 1 complete copy***(May verify with Finance/Equipment Times)* (D.8) (D.21.9.1) |  |  |
| 2 | **Check-In Process: Completed** *(Note: Also includes; Finance, and Plans)* (D.6.5.3) |  |  |
|  |  **Portable Toilet** (D.2.1.1) |  |  |
| 3 | **Furnish standard size, industrial quality portable toilets and provide associated supplies and sanitary services.** |  |  |
| 4 | **All units shall arrive, and be maintained in a clean and serviceable condition.** |  |  |
| 5 | **Units shall include a wall mounted urinal, a bench style toilet with seat and cover, and hand sanitizer dispenser.** |  |  |
| 6 | **All units shall contain a multi-roll lockable toilet paper dispenser which shall be filled on every service visit.** |  |  |
| 7 | **Units shall provide separate and sufficient ventilation to both the unit and the waste reservoir.** |  |  |
| 8 | **All units must contain a waste reservoir with a minimum capacity of 45 gallons.** |  |  |
| 9 | **Maintained in clean, sanitary, and good working condition and free of objectionable odors.** |  |  |
| 10 |  **Wheelchair Accessible Portable Toilets** (D.2.1.1) |  |  |
|  | **Units shall conform to ADA regulations for accessible portable toilets including an access ramp.** |  |  |
| 11 | **All units shall arrive, and be maintained in a clean and serviceable condition.** |  |  |
| 12 | **All units shall contain a multi-roll lockable toilet paper dispenser which shall be filled on every service visit.** |  |  |
| 13 | **Units shall provide separate and sufficient ventilation to both the unit and the waste reservoir.** |  |  |
| 14 | **All units must contain a waste reservoir with a minimum capacity of 30 gallons.** |  |  |
| 15 | **Maintained in clean, sanitary, and good working condition and free of objectionable odors.** |  |  |
|  |  **Handwashing Stations** (D.2.1.2) |  |  |
| 16 | **Two (2) basins with one foot operated pump per basin. (A large basin with two spigots is acceptable as long as there is one foot operated pump per spigot)** |  |  |
| 17 | **Tank capacity shall hold not less than 20 gallons of potable water and 20 gallons of gray water** |  |  |
| 18 | **All fresh water tanks shall be sealed for personal hygiene** |  |  |
| 19 | **No snap in gray water bladder bags are acceptable** |  |  |
| 20 | **One (1) soap dispenser and one (1) paper towel dispenser for every two (2) basins** |  |  |
| 21 | **Paper towel dispenser filled with the appropriate towels for the unit** |  |  |
| 22 | **Biobased products (to the extent that such products are reasonably****available, meet agency or relevant industry performance standards)** |  |  |

 Contractor is given the opportunity *(Optional),* tocorrect noted deficiencies. May be given up to 24 Hours

 as of:

 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time: \_\_\_\_\_\_\_\_\_\_\_\_** *See Remarks*(D.7.1.1) (D.17)

 Contactor successfully corrected noted deficiencies: **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Time:\_\_\_\_\_\_\_\_\_\_\_\_**

 **Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CONTRACTOR REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_**

(*Print and Sign)*

**GOVERNMENT INSPECTOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_**

(*Print and Sign)*

*May 20, 2014*