

EQUIPMENT KIND: WEED WASH, Type 2

DATE: _____ TIME: _____

CONTRACT FIRE EQUIPMENT - INCIDENT INSPECTION CHECKLIST

FIRE NAME: _____ INCIDENT NUMBER: _____ RESOURCE #: _____

COMPANY/CONTRACTOR: _____

CONTRACT / AGREEMENT NUMBER: _____

SERIAL or ID#: _____

OPERATOR NAME: _____

EQUIPMENT and OPERATOR REQUIREMENTS – WEED WASH, Type 2

#	<u>Minimum Requirements</u>	<u>Pass</u>	<u>Fail</u>
---	<i>(Not all inclusive, for additional items and clarification refer to contract – Section D)</i>	---	---
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1	Two copies of <u>complete</u> Agreement/Contract: One for finance, one in vehicle (D.8)		
2	Serial # or Company Equipment I.D. # on agreement and resource order, matches Serial # or Company Equipment I.D. # on this Weed Wash unit (D.6.3.1) (D.6.4.1)		
3	Completed Check-In Process: Which also includes, Finance, and Plans (D.6.5.1) (D.6.5.3)		
4	Operators: 2 skilled operators present at all times during incident operational periods. (D.2.1.2_7) Names of Operators: 1) _____ 2) _____		
5	Record: Daily record of all washed vehicles (D.2.1_h)		
6	Self Contained unit with Non-Recycling water system (D.2.1.2)		
7	Solid Waste Containment Packages/Devices: Labeled and Secured, not to exceed 50 lbs per package/device (D.2.1.2_5) (D.2.1_g)		
8	Solid Waste is placed securely in easily transportable containment devices, and operator has received consultation from Ground Support or Resource Advisor (D.2.1.2_5) Ground Support or Resource Advisor: Name: _____ Title: _____		
9	Power Washers: 2 each, hand-held, high pressure wands/nozzles, and spray covers 100% of underbody surfaces (D.2.1.2_1)		
10	Wash Water Storage Tank: Adequate capacity to operate system for a minimum of 2 consecutive hours. (D.2.1.2_2)		
11	Wash Time: Process time to wash a single fire engine shall not exceed 8 minutes (i.e. 7.5 engines per hour) (D.2.1.2_6)		
12	Wash System: Accommodates equipment up to 10 feet wide (D.2.1.2_9)		
13	Draining System: A 15 feet wide by 40 feet long piece of Amoco 4553, or equivalent geotextile cloth with maximum size of 150 microns, installed on a pad of gravel or well drained surface. This mat is maintained and functional at all times (D.2.1.2_5)		
14	All Solid Waste greater than 150 microns, including all geotextile cloth pieces are placed in appropriate containment devices (D.2.1.2_5) (D.2.1_g)		

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#	Minimum Requirements - continued	Pass	Fail
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15	Lights: 2 each, 1,000 watt halogen work lights on stands, and Ground Fault Interrupter (GFI) module (D.2.1.2_10)		
16	Electric Motors: All alternating current electric motors shall be list and labeled with Underwriters Laboratory , (UL on plate) (D.2.1.2_8)		
17	All segments of Weed Washer System are in Safe Working Condition, and no parts are missing (D.2.1.2_8)		
18	Weed Wash Operators are visually and manually inspecting hard to reach areas to ensure they are thoroughly washed and clean (D.2.1._3a_3b_3c_3d)		
19	Remote Discharge Systems: Adequate means to pump all waste water at least 200 feet from the wash station. (D.2.1.2_4)		
20	Waste Water: Prior to waste water disposal, all waste water is filtered to 100 microns or smaller particle size, or through dewatering bags fabricated from Amoco 4553 or equivalent geotextile cloth with maximum size of 150 microns (D.2.1.2_4)		
21	Underbody Washer, Mechanical: (If Provided/Optional). Must have nozzles that can be directed to within 45 degrees of vertical, and spray must cover 100% of underbody surfaces (D.2.1.2_11a) <input type="checkbox"/> Provided: <input type="checkbox"/> es NO		
22	Disposal of Solid Waste: Who is responsible: Host Agency <input type="checkbox"/> Contractor <input type="checkbox"/> Location of designated disposal site: _____ (D.2.1.2_5)	-----	-----

Yes Contract Deficiencies Found

No Contract Deficiencies Found

Contractor is given the opportunity (*Optional*), to correct 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:

CONTRACTOR REPRESENTATIVE: _____ **Title:** _____
(Print and Sign)

GOVERNMENT INSPECTOR: _____ **Title:** _____
(Print and Sign)