Wyoming Fire Equipment Inspection and Decontamination Report

Complete and keep white copy with inspector and yellow copy with mobile equipment

Date: __________ Location: ________________________________ Fire Code: __________________

**Equipment Operator:**

Equipment Description and ID (license plate, cache #, property tag #, other):
__________________________________________________________

Agency/Department: _________________________________________

Home Unit Location: __________________________________________

Person responsible: ___________________________________________

Name Water Body last used for drafting: __________________________ State: __________

**Inspection and Decontamination Procedure Performed:**

Upon: [ ] initial assignment/arrival [ ] transfer to different water body [ ] demobilization

**Inspection Only** (no need for decontamination procedures): [ ] sign below

Aquatic invasive species present: Y/N (circle) Species (if known): ____________________

Standing water present: Y/N (circle)

**Decontamination Protocol:**

Hot water- Temp:____ Time:_________ Area on equipment decontaminated:

Chemical - describe (name/time of treatment): _________________________________

Other Method (scraping, physical removal): ______________________________________

Additional Comments: _________________________________________________________

Inspected by (print name):________________________________________ Inspector #____

Title:____________ Phone:____________________

Inspector Signature:____________________________ Date: __________________

**Equipment Operator:** I hereby authorize the state certified AIS inspector to decontaminate the above referenced fire equipment in accordance with state procedures.

Name __________ Date __________