

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