

PRE-USE SUPPORT WATER TENDER INSPECTION FORM **PASS** _____ **FAIL** _____

This inspection form is to be used in conjunction with Optional Form 296

Company Name:	Date:	Page 1 of 2
Vehicle Id# (Vin#)		
NWCG Type Support Water Tender (1-3):		
Make:	Model:	Year:
Markings Posted on Vehicle (annotate actual posting)		
Company Name:		
Equipment ID #:		
DOT #		
Minimum Tender Inventory	Yes	No
1 – Handheld Programmable Radio		
1 – Nozzles, comb fog/straight stream, 1 ½” NH Female		
1 – Reducer, 1 ½” NH female to 1” NPSH Male		
1 – Shovels, size 0 or 1		
1 – Pulaskis		
1 – Spanner Wrench, combination 1 ½” to 2 ½”		
1 – Adjustable Hydrant Wrench		
2 – Adapters 1 ½” NPSH Female to 1 ½” NH Male		
2 – Adapters 1 ½” NH Female to 1 ½” NPSH Male		
2 – Reducers 2 ½” NH Female to 1 ½” NH Male		
1 – Double Male 1 ½” NH		
1 – Double Female 1 ½” NH		
1 – Gated Wye 1 ½” NH		
1 – Fire Hose Clamp 2 ½”		
100’ – 1 ½” cotton/synthetic hose NH thread		
50’ – 2 ½” cotton/synthetic hose NH thread		
Fuel to operate pump for 12 hours (If Auxiliary Pump)		
20’ Suction hose with strainer or screened foot valve		
REMARKS:		

SUPPORT WATER TENDER INSPECTION FORM

<u>Company Name:</u>	<u>Equipment ID#</u>
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<u>Additional Vehicle Items (Minimum Requirements)</u>	Yes	No
Reflective Triangles, bi-directional, set of 3		
Fire Extinguisher, 1 rated at 2A 10BC or better		
1 – First Aid Kit (5 person)		
2 – each Wheel chocks (see Definitions)		
1 – each Portable Hand Lights		
Seat Belt for all passengers		

<u>Vehicle</u>	Yes	No
Tires minimum 4/32” tread steering axle; 2/32” rear		
Tire load ratings in accordance with vehicle GVWR		
Back up Alarm (87 Decibles measured at 5 feet) & back up lights (2)		

<u>Personal Protective Equipment (check all inventoried)</u>				
Fire Shelter	Nomex shirt/pants	Hardhat	Gloves	Boots

<u>Signature of Contractor Representative:</u>	<u>Date:</u>
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<u>Name of Inspector (print)</u>	<u>Phone#</u>
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Remarks:

TYPE	MINIMUM STANDARDS SUPPORT WATER TENDERS		
	1	2	3
REQUIREMENTS			
Tank Capacity (gallons)			
Minimum	4000	2500	1000
Maximum	NONE	3999	2499
Pump Minimum Flow (gpm)	300	200	200
@ 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 MINIMUM STANDARDS	Yes	Yes	Yes
Personnel (minimum)	1	1	1

