

HEAVY EQUIPMENT WITH WATER INSPECTION FORM (continued)

<u>Company Name:</u>	<u>Date of Inspection:</u>	<u>Equipment ID #</u>
<u>Name of Contractor (type or print)</u>	<u>Signature of Contractor</u>	<u>Date</u>
<u>Name of Inspector (type or print)</u>	<u>Signature of Inspector</u>	<u>Date</u>
<u>Inspectors' Agency</u>		<u>Inspectors' Phone #</u>
Remarks: (document all items that fail inspection)		

TYPE	MINIMUM STANDARDS SKIDGINES			
	1	2	3	4
REQUIREMENTS				
Tank Capacity (gallons)				
Minimum	1200	800	400	200
Maximum	NONE	1199	799	399
Flywheel Horsepower Range	176+	75-175	100+	60-99
Pump Minimum Flow (gpm)	50	50	30	30
@ rated pressure (psi)	100	100	70	70
1 inch hard line with 3/4 inch inside diameter hose on reel	150 feet	150 feet	150 feet	150 feet
1.5 inch linen hose	300 feet	300 feet	-	-
1 inch linen hose	300 feet	300 feet	200 feet	200 feet
Discharge Outlet	1 1/2" NH	1 1/2" NH	1" NPSH	1" NPSH
Pump and Roll	Yes	Yes	Yes	Yes
Foam Proportioner System	Optional	Optional	Optional	Optional
Winch or Grapple	Not Required	Not Required	Optional	Optional
Personnel Required	1	1	1	1

TYPE	MINIMUM STANDARDS PUMPER CATS			MINIMUM STANDARDS SOFTTRACKS
	1	2	3	1
REQUIREMENTS				
Tank Capacity (gallons)				
Minimum	500	325	200	600
Maximum	NONE	499	324	NONE
Flywheel Horsepower Range	200	100-199	60-99	170 +
Pump Minimum Flow (gpm)	30	30	30	30
@ rated pressure (psi)	70	70	70	70
1 inch hard line with 3/4 inch inside diameter hose on reel	150 feet	150 feet	150 feet	150 Feet
1 inch linen hose	200 feet	200 feet	200 feet	200 feet
Discharge Outlet	1" NPSH	1" NPSH	1" NPSH	1" NPSH
Pump and Roll	Yes	Yes	Yes	Yes
Foam Proportioner System	Optional	Optional	Optional	Optional
Winch or Grapple	Optional	Optional	Optional	Optional
Personnel Required	1	1	1	1

AFTERMARKET EQUIPMENT CERTIFICATION
(revised February 22, 2010)

ORIGINAL EQUIPMENT

Name of Contractor: _____
Description and Model: _____
Serial Number: _____
Operating Limitations: _____

AFTERMARKET EQUIPMENT

Description and Model: _____
Serial Number: _____
(Owner shall assign Serial Number if none is available – stamped on metal)
Tank Capacity: _____ Gallons _____
(Temporary fillers and spacers are not permitted.)
Baffles: _____

- One longitudinal baffle regardless of width and one transverse baffle at a minimum of every 52”
- All baffles must cover 75% of the plane of the tank
- Baffling. The water tanks shall be equipped with partitions that reduce the shifting of the water load. Free Floating Baffle System - baffles which reduce the shifting of the water load AND do not compromise the structural integrity of the originally manufactured tank are acceptable. If a Free Floating Baffle System is used the vendor must submit data sheets which validates that the baffling is sufficient to meet the manufacturer’s recommendation.

CERTIFICATION OF AFTERMARKET EQUIPMENT MOUNTED ON ORIGINAL EQUIPMENT
(Does Not Exceed Operational Limitations)

I certify that the addition of the prescribed aftermarket equipment will not exceed the original equipment operating limitations. Affix engineer’s stamp or seal below.

Engineer Signature: _____ Date: _____

Engineer Printed Name: _____

License No.: _____ **State:** _____ **Expiration:** _____

If the individual signing this certification is not an Engineer you are required to complete the continuation sheet on the next page with the additional information requested.

AFTERMARKET EQUIPMENT CERTIFICATION – Continuation Sheet
(revised February 22, 2010)

Documentation of Qualification to Certify Aftermarket Equipment
Form will be kept on file with Aftermarket Certification.

Name of person providing certification: _____

Address: _____

Phone Number: _____ E-mail: _____

Engineering or other applicable education (include degree and institution): _____

Past experience in engineering, including design, analysis, manufacturing, testing, etc if applicable.
Attach additional information if needed: _____

Professional certifications or licenses: _____

Additional information documenting expertise: _____

References: Name and phone number: _____

Signature: _____ Date: _____

MANIFEST

Manifest EFFECTIVE DATES: _____ **TO** _____

ORDERING OFFICE AND NAME OF DISPATCHER (DISPATCH LOCATION)		FIRE NAME AND UNIT (DESTINATION)				RESOURCE ORDER NUMBER	
NAME OF CONTRACTOR		UNIQUE VECHILE NUMBER				AGREEMENT NUMBER	
TIME OF DEPARTURE (DISPATCH LOCATION):		TIME OF ARRIVAL TO (FINAL DESTINATION):				DO YOU HAVE THE PESONNEL TO ROTATE CREWS? Y or N	
INTERMEDIATE STOPS (PLACE)	ARR TIME	DEP TIME	PLACE	ARR TIME	DEP TIME	PLACE	
EMPLOYEE NAME		M	F	POSITION	LAST NIGHT NOT SPENT ON FIRE ASSIGNMENT (DATE)	UNIQUE EMPLOYEE NUMBER (NO SSN)	
1							
2.							
3.							
4.							
5.							
6.							
SIGNATURE OF AUTHORIZED REPRESENTATIVE						DATE	

THE CONTRACTOR SHALL MAINTAIN A CURRENT MANIFEST AT ALL TIMES IN FINANCE

ROTATION OF PERSONNEL WILL ONLY BE ALLOWED UPON APPROVAL OF THE OPERATIONS CHIEF

EXAMPLE -

Manifest EFFECTIVE DATES: 8/11/2007 TO **_UNK_** _____

ORDERING OFFICE AND NAME OF DISPATCHER (DISPATCH LOCATION)		FIRE NAME AND UNIT (DESTINATION)				RESOURCE ORDER NUMBER	
NAME OF CONTRACTOR		UNIQUE VECHILE NUMBER				AGREEMENT NUMBER	
TIME OF DEPARTURE (DISPATCH LOCATION): 1200 HRS		TIME OF ARRIVAL TO (FINAL DESTINATION):1600				DO YOU HAVE THE PESONNEL TO ROTATE CREWS? Y	
INTERMEDIATE STOPS (PLACE)	ARR TIME	DEP TIME	PLACE	ARR TIME	DEP TIME	PLACE	
EUGENE, OREGON	1300	1330					
EMPLOYEE NAME		M	F	POSITION	LAST NIGHT NOT SPENT ON FIRE ASSIGNMENT (DATE)	UNIQUE EMPLOYEE NUMBER (NO SSN)	
1. PETE WILSON		X		ENGB	8/11/2007	3625783	
2. SAM SMITH		X		FFT2	8/11/2007	9374849	
3. HELEN JONES			X	FFT1	8/11/2007	8467489	
4.							
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>BILL JONES - OWNER</i>						DATE 8/11/2007	