

GRAY WATER INCIDENT COMPLIANCE CHECKLIST *Date:* _____ *Time:* _____

INCIDENT NAME: _____ *INCIDENT NUMBER:* _____ *RESOURCE #:* E- _____

COMPANY/CONTRACTOR: _____

AGREEMENT NUMBER: _____

EQUIPMENT MAKE: _____ MODEL: _____

VIN/SERIAL #: _____ LICENSE PLATE: _____

OPERATOR NAME: _____ Driver's License, State/#: _____
 Expiration date: _____ Class: _____ Endorsements: _____

EQUIPMENT and OPERATOR REQUIREMENTS – GRAY WATER TRUCK

Type 1: 4,000+ gallons Type 2: 2,500 → 3,999 gallons Type 3: 1,000 → 2,499 gallons Type 4: 400 → 999 gallons

Minimum Requirements

Not all inclusive; for additional clarification refer to agreement (SF-1449 section D)

Yes No

			Yes	No
1	Equipment VIN # matches Resource Order (Schedule of Items)	D.6.3.1		
2	Check-In Process Completed	D.6.5.3		
3	OF-296 Vehicle/Heavy Equipment Pre-use Inspection Checklist completed	D.17		
4	Agreement (One complete copy)	D.8		
5	Fire extinguisher, multi-purpose 2A 10BC (securely mounted to the vehicle; accessible by the operator and current annual inspection tag)	D.2.1.2.4		
6	Flashlight	D.2.1.2.4		
7	Service Truck used for servicing Black Water? Yes or No? (If yes, tank must be completely sanitized, clean and order free. Hoses and fittings and attachments that may have been used for black water disposal shall not be used for gray water disposal.)	D.2.1.2.2		
8	Tank meets Industry Standards: Made of metal construction, welded or riveted, watertight and splash proof. Poly tanks are acceptable as long as they meet industry standards	D.2.1.2.2		
9	Tank Attached to chassis frame or to a structurally sound flat bed in such a way to withstand pitch, roll and yaw of the load during on and off-road operation of the unit without damaging the tank or other chassis components.	D.2.1.2.2		
10	Tank: Watertight and Splash Proof. Any overhead fill (<i>hatch, opening on top of tank</i>) is securely sealed (water tight)	D.2.1.2.2		
11	Automatic Shut-Off: All tanks shall be equipped with an automatic shut-off or sight tube to prevent over filling tanks.	D.2.1.2.2		
12	Tank labeled "GRAY WATER" On both sides of the tank in lettering at least 4 inches in height. Capacity of Tank Displayed in gallons on both sides of the tank or on both cab doors in lettering at least 2 inches in height.	D.2.1.2.2		

Minimum Requirements – continued

YES NO

13	Name, City, and State of Contractor (On both sides of the tank or on both truck cab doors in lettering at least 2 inches in height.)	D.2.1.2.2		
14	Dumping Site: Who designated site? _____ Title: _____ Location of site: _____	D.2.1.2.2.H		
15	Pump: Constructed to prevent leakage, spillage or splashing. On all diaphragm or similar types of open pumps, a tight metal hood shall be provided over the pump. What type of pump is it? 1. Vacuum pump system (Type GWV) <input type="checkbox"/> 2. Pump system (Type GWP) Standard commercial pumping system. <input type="checkbox"/>	D.2.1.2.2		
16	Approved Spark Arrester (required for naturally aspirated engines)	D.2.1.2.4		
17	Discharge Gates or Valves (leak proof and constructed to discharge contents in a manner that will not create a nuisance. All inlets and outlets provided with a cap to prevent dripping)	D.2.1.2.2		
18	Hose: (Minimum of 100 feet of hose. A 2-inch male and a 2-inch female camlock adapter are required to attach the pump truck to the storage tank. Hoses marked/labeled "gray water" at each end. Hoses and fittings and attachments that may have been used for black water disposal shall not be used for gray water disposal. Service trucks must have dedicated hoses for gray water disposal)	D.2.1.2.2		
19	Racks provided for carrying equipment on the truck.	D.2.1.2.2		
20	State or Local Certifications: (where applicable) 1. Current State or Local Septic Tank, Cesspool, and Privy Cleaner License with counties listed where wastewater will be collected or equivalent for each state operating in. 2. Current State or Local Septic Tank, Cesspool, and Privy Cleaner Vehicle Inspection or equivalent for each state operating in.	D.2.1.2.2		
21	Back Up Alarm:	D.2.2		

Equipment meets agreement specifications Equipment does not meet agreement specifications

Inspector: _____ Date: _____
(Print and sign)

Contractor: _____ Date: _____
(Print and sign)

Contractor given the opportunity to correct noted deficiencies (*See Remarks*)

Contactor successfully corrected noted deficiencies

Inspector: _____ Date: _____

REMARKS: _____

