

CANOPY INCIDENT COMPLIANCE INSPECTION Date: _____ **Time:** _____

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

COMPANY/CONTRACTOR: _____

AGREEMENT NUMBER: _____

EQUIPMENT and OPERATOR REQUIREMENTS (EQUIPMENT TYPE)

Type 1: 2201-3200 square ft.
(examples: 40' x 60', 40' x 80')

Type 2: 1400-2200 square ft.
(examples: 30' x 50', 40' x 40')

Minimum Requirements

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

Yes No

			Yes	No
1	Check-in process completed	D.6.5.3		
2	Agreement: One complete copy	D.8		
3	Company Name: All equipment, supplies, and accessories provided by the Contractor must be clearly marked with the contractor name using a minimum of 4" letters on canopy components in a clear and visible location. Smaller lettering is allowed on supplies and accessories.	D.2.2		
4	Must have a minimum 50 MPH wind load rating, with proper staking	D.2.2		
5	Doors(s): (If applicable) Each resource will have a minimum of 2 doors (hinged, framed). Doors shall meet intent of ADA accessibility with a minimum of 32 inches wide and not to exceed 48 inches wide.	D.2.2		
6	Freestanding with self-supporting internal frame and no center poles	D.2.2		
7	Set-up within 12 hours after arrival or as negotiated	D.2.2		
	Optional Items (D.2.1.1)			
8	Side: (external) walls	D.2.1.1		
9	Screen: (external) walls: mesh screen wall panel that replaces standard Side Walls	D.2.1.1		
10	Divider (internal) walls: including zipper doorways and mounting brackets	D.2.1.1		

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: _____

