CONTRACT ENGINE INCIDENT INSPECTION FORM							
CONTRACTOR: (Including CE #)	CONTRACT NO:	RESOURCE	E -		DATE:		
		ORDER NO:	15 -		TIME:		
INCIDENT NAME:	INCIDENT NO:	LICENSE NO:		VIN	NUMBI	ER:	
POINT OF HIRE:	ENGINE TYPE:	GALLONS:	1		DAIL S7	DATE.	
POINT OF HIRE:	ENGINE TYPE:	GALLONS:		DAILY RATE:			
ENGB-OPERATOR NAME & ID NUMBER:	DRIVER LICENSE NO:	NO: CDL LICENSE NO: MEDICAL CARD:					
FFT1 (2) NAME & ID NUMBER:	DRIVER LICENSE NO:	CDL LICENSE	NO:	MEDICAL CARD:			
FFT1 (2) NAME & ID NUMBER:	DRIVER LICENSE NO:	CDL LICENSE	NO.	MEDICAL CARD:			
FF11 (2) NAME & ID NOMBER.	DRIVER LICENSE NO.	CDL LICENSE	10.	MEDICAL CARD:			
				PRE-USE RELEASE			
REQUIRED ACCESSORIES: (IF PUMP POWERED BY AUXI	LIARY ENGINE)		YES	NO	YES	NO
WRENCH (adjustable) 10"							
WRENCH (spark plug) (Unless Adjustable Wrench i	s suitable for use on Spark Plugs						
1 PLIERS (slip joint) 6"							
2 QUARTS CRANKCASE OIL (If Engine requires	Crankcase Oil)						
1 SCREWDRIVER Standard 4"							
1 SCREWDRIVER Phillips 4"							
1 STARTER ROPE (If Applicable)							
1 GREASE GUN WITH GREASE SPARK PLUGS (sufficient number to replace all plugs in auxiliary pump)							
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	IINIMUM ENGINE INV	ENTORY	1			r	r
2 NOZZLES: COMBINATION FOG/STRAIGHT STREAM 1 1/2" NH Female							
2 NOZZLES: COMBINATION FOG/STRAIGHT STREAM 1" NPSH Female							
2 NOZZLES: ADJUSTABLE ¾" GARDEN HOSE							
1 FORESTRY, FIRE HOSE CLAMP 2 SPANNER WRENCHES: COMBINATION, 2 EACH 1" to 1 ½"							
1 MOP-UP WAND, 34" RECEPTOR FOR HOSE AT							
1 DOUBLE MALE 1 ½" NH	ND /4 NOLLEL III						
1 DOUBLE FEMALE 1 ½" NH							
1 DOUBLE MALE 1" NPSH							
1 DOUBLE FEMALE 1" NPSH							
2 GATED WYES, 1 1/2" NH							
2 GATED WYES, 1" NPSH							
1 GATED WYE, ¾"							
4 REDUCERS, 1 1/2" NH FEMALE TO 1" NPSH M.	ALE						
1 REDUCER, 1" NPSH to 3/4" GARDEN HOSE							
2 ADAPTERS, ¼ TURN to 1 ½" NH (1 FEMALE and 1 MALE)							
2 ADAPTERS, ¹ / ₄ TURN to 1" NPSH (1 FEMALE and 1 MALE)							
2 ADAPTERS, 1 ½" NH FEMALE to 1 ½" NPSH MALE							
2 ADAPTERS, 1 ½" NPSH FEMALE to 1 ½" NH MALE 5 INLINIE BALL VALVES 3/"							
5 INLINE BALL VALVES – ¾" 1 LIVE REEL/100' NON-COLLAPSABLE (booster) HOSE (Minimum ¾" Inside Diameter) w/ Combo Nozzle)							
1 LIVE REEL/100' NON-COLLAPSABLE (booster) HOSE (Minimum ¾" Inside Diameter) w/ Combo Nozzle) 20' SUCTION HOSE WITH STRAINER OR SCREENED FT. VALVE							
HOSE: 1 ½" (TYPE 3 – 500') (TYPE 4 and 6 – 300')							
HOSE: 1" (TYPE 3 – 500') (TYPE 4 and 6 – 300')							
HOSE: 3/4" GARDEN HOSE 300'							
3 SHOVELS, SIZE 0 OR 1 (must be secured)							
3 PULASKIS (must be secured)							
CHAINSAW – (3.0 cubic In. min.) W/18" Guide Bar, Chaps, Hearing Protection, Gas/Oil and Accessories (Extra							
Chain, Scrench and File) MAVE: SERIAL NO:							
	MAKE: SERIAL NO:						
2 BACKPACK PUMPS 1 GALLON CONTAINER FOR DRINKING WATER							
1 GALLON CONTAINER FOR DRINKING WATER 1 FIRST AID KIT (5 Person)							
3 HEADLAMPS WITH BATTERIES and HARDHAT ATTACHMENT (1 Per Person)							
REFLECTIVE TRIANGLES, BI-DIRECTIONAL (1 SET OF 3)							
FIRE EXTINGUISHER (1A-10BC or Better) (Securely Mounted and Accessible by Operator)							

2 WHEEL CHOCKS (NFPA 1906, CURRENT STANDARDS)				
2 PROGRAMMABLE RADIOS with BATTERIES/PROGRAMMING CABLES and SOFTWARE (is applicable)				
One radio must be Handheld. Two Battery Packs per radio is suggested.				
MAKE: SERIAL NO:				
MAKE: SERIAL NO:				
FUEL TO OPERATE PUMP AND ENGINE FOR 12 HOURS (minimum 5 Gallons)				
BACKUP ALARM (Reverse warning Device activated when vehicle is put into reverse. No other switches to				
activate the alarm are allowed.) 89 DB or Greater				
VEHICLE IDENTIFCATION (Company Name and Unique Identification Number on each side of the Cab.				
PERSONAL PROTECTIVE EQUIPMENT				
PERSONAL PROTECTIVE EQUIPMENT	PRE-	-USE	RELI	EASE
PERSONAL PROTECTIVE EQUIPMENT (PER ENGINE CREWMEMBER)	PRE- YES	-USE NO	RELI YES	EASE NO
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(PER ENGINE CREWMEMBER)				
(PER ENGINE CREWMEMBER) FIRE SHELTER: National Fire Protection Association (NFPA) Approved.				
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PRE-USE:		RELEASE:	
		NO DAMAGE NO CLAIMS	
DATE:	TIME:	DATE: TIME:	
INSPECTOR:		INSPECTOR:	
INSPECTOR HOM	E UNIT:	INSPECTOR HOME UNIT:	
INSPECTOR PHON	NE NO:	INSPECTOR PHONE NO:	
CONTRACTOR REPRESENTATIVE:		CONTRACTOR REPRESENTATIVE:	
TITLE:		TITLE:	
PHONE NO:		PHONE NO:	