

Engine Type (circle one): 1 2 3 4 5 6 IRA# _____

ENGINE INSPECTION FORM

Company Name: _____ Company Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

VEHICLE IDENTIFICATION:

Vehicle Identification Number (VIN): _____ License Number: _____

Make: _____ Model: _____ Year: _____ 4x4: ___ Y ___ N

Tank Capacity (Gallons): _____ Foam: ___ Y ___ N Pump Type & GPM: _____

MINIMUM ENGINE INVENTORY (SWO-ODF)	PASS	FAIL	QTY
200' – 3/4" Diameter Hardline on Reel and 100' Cotton OR			
300' – 1" Cotton or Synthetic Hose			
50' – 1 1/2" Cotton or Synthetic Hose			
2 – 1" Combination Fog/Straight Stream Nozzles			
1 - 1 1/2" Combination Fog/Straight Stream Nozzle			
20' Suction Hose with Strainer, 2" Foot Valve			
4 Reducers 1 1/2" to 1"			
1 Bladder Bag			
1 First Aid Kit (Minimum 3 Person) Condition:			
2 - 1 1/2" Gated Wyes			
1 Size 0 Shovel			
1 Pulaski			
1 Spanner Wrench, Combination 1" – 1 1/2"			
3 Headlamps w/spare batteries			
1 Set Reflective Flares Minimum of 3			
1 Fire Extinguisher (10BC or better) (5lb) Charged:			
2 Chock Blocks			
Mud & Snow Tires with Minimum 1/4" Tread W/ Spare			
1 Programable Radio - Required			
Personal Protective Equipment:			
1 per person - Fire Shelter (New Generation only) – 2 Per Engine Minimum – Condition:			
1 per person - Long-sleeved shirt of aramid or like flame resistant material			
1 per person - Trousers of aramid or like flame resistant material.			
1 per person - Head Protection with chinstrap as required by OAR 437-06-045(2) and (3)			
1 per person - Hearing Protection – as appropriate			
1 per person - Eye Protection			
Chainsaw Chaps – if needed			

Vehicle Condition: Glass (Chips/Cracks): _____ Tire Condition (Tread/Cuts): _____

Body Condition (Dents/Scratches): _____

Pumping Platform Condition and Operation: _____

Auto Insurance Information: Insurance Name: _____ Policy #: _____

Notes: _____

Inspectors Signature: _____ Date: _____