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## **TENDER INSPECTION FORM**

Company Name:Company Phone:							
Mailing Address:	City:	State: _	Zip:				
EHICLE IDENTIFICATION:							
Vehicle Identification Number (VIN):			License Number:				
Aake:	Model:	Vesi	Year: All Wheel Drive				
riane.	Model:	i eai	•	All Wileel	Dilve_		
ank Capacity (Gallons):	Pump Type 8	& GPM:					
	UM TENDER INVENTORY (SWO-ODF)		PASS	FAIL	QTY		
100' – 1" Cotton or Syn							
100' – 1 ½" Cotton or Syn							
1 – 1" Combination							
	with Screened Foot Valve						
3 – 1 ½" NST to 1" IPT	Reducer						
1 – 1 ½" Double Male 1 – 1 ½" Double Femal							
	<u>e</u>						
1 – 1" Double Male 1 – 1" Double Femal							
1 – 1	<u>e                                      </u>						
1 Size 0 Shovel							
1 Pulaski							
	nch, Combination						
	r Flashlights with Spare Batteries						
	Flares Minimum of 3						
		Charged:					
Chock Blocks		onar goar					
1 First Aid Kit		Condition:					
Personal Protective Equipm	ment:	·					
1 per person - Fire Shelter	(New Generation only)	Condition:					
1 per person - Long-sleeve	ed shirt of aramid or like flame resistant	material					
1 per person - Trousers of	aramid or like flame resistant material.						
Coveralls of aramid or like	flame resistant material, in lieu of shirt	and trousers.					
1 per person - Head Protect and (3)	ction with chinstrap as required by OAR	437-06-045(2)					
1 per person - Hearing Pro	tection – as appropriate						
1 per person - Eye Protecti							
Chainsaw Chaps – if neede	ed						
1 Programable	Radio - Required						
/ehicle Condition: Glass (Ch	ips/Cracks):	Tire Condition (Tre	ad/Cu	ts):			
Body Condition (Dents/Scrat	ches):						
Pumping Platform Condition	and Operation:						
inspectors Signature:			Date: _				