

Passed Inspection

Pending Inspection

**REGION 6 VIPR HANDS-ON INSPECTION
 POTABLE WATER TRUCK**

Company Name: _____ **Equipment ID:** _____

VIN/Serial #: _____ **Equipment Make:** _____
 (Complete VIN/Serial #)

Equipment Model: _____

EQUIPMENT REQUIREMENTS/ATTRIBUTES (Circle Correct Type)

Requirements	Type 1	Type 2	Type 3	Type 4
Gallons	4000+	2500 – 3999	1000 – 2499	400 – 999

MINIMUM EQUIPMENT REQUIREMENTS

Not all inclusive; for additional clarification refer to the agreement (SF-1449 section D).		Yes	No
1	OF-296 Vehicle/Heavy Equipment Pre-use Inspection Checklist completed		
2	Vehicle Identification: All equipment shall have the company’s name and unique identification number affixed on each side of the vehicle.	E.2	
3	Annual Certification Current: DOT #: _____ or CVSA Inspection #: _____	D.2.2	
4	Tank Labeling: "POTABLE" or "FOR DRINKING WATER USE ONLY" on both sides of the tank in lettering at least 4" in height. Capacity, in gallons clearly displayed on both sides of the tank or on both cab doors in lettering at least 4" in height.	D.2.1.2.1	
5	Chlorine Residual Test Kits available: Contractors shall always maintain a free chlorine residual level of 0.2 parts per million (ppm) up to 1.0 ppm.	D.2.1.2.1	
6	Logbook: Record of activities on board the vehicle showing water source location, dates, and times of loading, unloading, chlorine residual test results, cleaning/sanitizing, and other operational items, as deemed necessary. Entries are current and up to date.	D.2.1.2.1	

7	Cleaning and Sanitizing: Written procedures for equipment cleaning and sanitizing shall be maintained by the Contractor and shall be always kept with the hauling vehicle.	D.2.1.2.1		
8	Back-Up Alarm	D.2.2		
9	Brakes on all axles.	D.2.3		
10	Auxiliary Brake: All vehicles 36,000 GVWR or greater shall be installed with an operator controlled auxiliary braking system in addition to the service brakes (i.e., engine retarder, transmission retarder, driveline retarder, or exhaust retarder).	D.2.3		
11	Fire extinguisher: 2A 10BC, securely mounted to the vehicle, accessible to the operator and with current annual inspection tag.	D.2.1.2.4		
12	Empty Tank: Arrived empty for inspection			
13	Tank Certification: If required by the State or local health authority, a seal or sticker affixed to the tank shall be always visible indicating that the tank is in compliance with State or local health authority requirements. If inspection and certification of the tank is required by the State or local health authority but stickers are not provided, a copy of the certification shall be kept in the transport vehicle.	D.2.1.2.1		
14	Filling Mechanism: An approved backflow prevention device complying with Uniform Plumbing Codes 603.3.1, 2, 3, 4, 5 and 8 such as acceptable double check valves on the direct filling connection to the tank. No connections shall be located between the tank and the check valve.	D.2.1.2.1		
15	Overhead Filling: If overhead filling through a hatch opening at the top of the tank, the filling spout must not be allowed to intrude into the tank further than two diameters of the filling pipe above the highest water level that is possible when the tank is filled. When not being used for filling, this pipe shall be capped at each end with threaded or clamped caps and tethered to the fittings at the ends of the filler pipe.	D.2.1.2.1		
16	Openings: All hatches, inlets, outlets, and other openings are completely covered and sealed with tight fitting coverings, with permanently mounted food grade gaskets, and security locks.	D.2.1.2.1		
17	Inlets and outlets: Equipped with threaded or clamped caps, tethered to the ports with chain or cable.	D.2.1.2.1		
18	Tank Vents: Downward facing or otherwise protected vent opening. Protected by appropriate screened cover (non-toxic and non-absorbent).	D.2.1.2.1		
19	Tank Drain: Bottom drain to facilitate complete discharge of water during sanitation procedures.	D.2.1.2.1		

20	Backflow: There shall be no backflow or cross connection between potable water systems and any other systems. Pipes and fittings conveying potable water to any fixture, apparatus, or equipment shall be installed in such a way to prevent backflow. Waste pipes from any part of the potable water system, including treatment devices, discharging to a drain, shall be suitably protected against backflow.	D.2.1.2.1		
21	Valved Outlets for filling canteens or other water containers: Minimum of seven (7) evenly spaced, on a minimum 1 ½" pipe, with effective backflow prevention (check valves), and capped. Note: Threaded facets require vacuum breakers.	D.2.1.2.1		
22	Sanitation: All equipment surfaces intended for potable water contact, including source fill point equipment, containers, caps, tanks, hoses, valves, and fittings shall be inspected, washed, rinsed, sanitized, and replaced as often as necessary to effect and maintain sanitation of such surfaces.	D.2.1.2.1		
23	Pump (if applicable): Only those which can be readily disassembled to demonstrate the condition of the impeller and impeller chamber shall be used. The contractor shall always have available the manufactures product data information that demonstrates the materials in the pump housing are made of food grade material or the pump is suitable for domestic or potable water use.	D.2.1.2.1		
24	Food Grade: Equipment is made of food-grade materials or materials meeting NSF International Standard 61 and shall be kept clean, disinfected, and operated or handled in a manner that prevents contamination and capped or closed when not in use. Use of galvanized pipes or fittings is prohibited.	D.2.1.2.1		
25	Approved Spark Arrester (required for naturally aspirated engines)	D.2.1.2.4		
26	Hoses Labeled: Marked/labeled "potable water" at each end.	D.2.1.2.1		
27	Hoses Capped: Shall have threaded or clamped caps. Caps shall be in place when hoses are not in use. Hoses in storage compartments must also be capped.	D.2.1.2.1		

Equipment meets agreement specifications.

Equipment does not meet agreement specifications.

Inspector: _____
Print

Signature Date: _____

Operator: _____
Print

Signature Date: _____

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

Contractor successfully corrected noted
deficiencies.

Inspector: _____ *Print* _____ *Signature* Date: _____

REMARKS: *(Note in detail any deficiencies, pertinent information, comments, etc.)*