_____ Passed inspection
_____ Failed inspection
_____ Pending inspection

REGION 6 VIPR PRE-AWARD
FIRE EQUIPMENT INSPECTION CHECKLIST
WEED WASHING UNIT

COMPANY NAME: _____   **DATE:** _____

(On VIPR Agreement)

VIN#: _____   **EQUIPMENT/Unit I.D.** _____

Rental equipment   No ☐ Yes ☐   Rental company name _____

EQUIPMENT REQUIREMENTS – WEED WASHING UNIT

	Minimum Requirements		Yes	No
1	**VIN # on Equipment matches VIPR**			
2	**Self Contained Unit:** Water recycling and containment system is functional	D.2.1.1		
3	**Wash System:** Accommodates equipment up to 10 feet wide	D.2.1.1		
4	**Wash Water Storage Tank:** Adequate capacity to operate system for a minimum of 2 consecutive hours.	D.2.1.1		
5	**Wash Water:** Must be filtered to a minimum of 100 microns or use a clean water final rinse	D.2.1.1		
6	**Waste Water:** Contained by the wash system. All wash residues must be contained so that the washed vehicle does not track removed residue from the weed wash containment station	D.2.1.1		
7	**Solid Waste Containment Packages/Devices:** Labeled and secured, not to exceed 50 lbs. per package/device	D.2.1.1		
8	**Lights:** Minimum of two 1000-watt, or equivalent, work lights on stands with GFI module	D.2.1.1		
9	**Electric Motors:** All alternating current electric motors shall be listed with Underwriters Laboratory	D.2.1.1		
10	**Power Washers:** Portable commercial power washer with 2 hand-held, high pressure wands/nozzles	D.2.1.1		
11	**Underbody Washer:** Washing system must provide water spray at such an angle to ensure complete coverage of underbody surfaces.	D.2.1.1		
12	**All segments of weed wash system are in safe working condition and no parts are missing**	D.2.1.1		

☐   Equipment **meets** agreement specifications   ☐   Equipment inspection **pending** further review

Inspection Company: _____   _____ Date: _____

Print   Inspector Signature

Contractor: _____   _____ Date: _____

Print   Signature

☐   Contactor successfully corrected pending issues

Inspection Company: _____   _____ Date: _____

Print   Inspector Signature

☐   Equipment **does not meet** agreement specifications

Agency Representative: _____   _____ Date: _____

Print   Signature

REMARKS: _____

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