

OES WATER TENDER INSPECTION REPORT

Date: _____ Assigned Location: _____
OES WT#: _____ License #: _____ Mileage: _____ Engine hours: _____
Pump hours: _____ Last hose test date: _____ Last pump test date: _____
Last lube date & mileage: _____ Last oil change and mileage: _____
Last brake inspection date & mileage: _____
Last Allison transmission service date & mileage: _____
Last smoke opacity test date: _____

VISUAL INSPECTION CHECKLIST

- | | |
|--|---|
| _____ 1. Maint. Book (Form 271) | _____ 7. Tires: |
| _____ 2. Cab & Firebody (Condition) | _____ Condition & Pressure |
| _____ 3. Door/Tank Lettering & Unit #'s | _____ 8. Batteries, Posts & Clamps, Hold Down |
| _____ 4. Cleanliness: | _____ 9. Engine Compartment |
| _____ Cab Interior | _____ Cleanliness |
| _____ Cab Body/Exterior | _____ Belts & Hoses |
| _____ Compartments | _____ Oil / Exhaust leaks |
| _____ Undercarriage | _____ Coolant & Rust Inhibitor added |
| _____ 5. Compartment Organization | _____ 10. Lights, All |
| _____ 6. Horn, Siren, P.A., Backup Alarm | _____ 11. Tank Inspection Exterior / Interior |

OPERATIONAL INSPECTION CHECKLIST

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|-------------------------------------|--|
| _____ 12. Pump Controls | _____ 18. Main drain valve |
| _____ 13. Pressure Relief Valve | _____ 19. Valve control / auto drain |
| _____ 14. All gauges operating | _____ 20. General: |
| _____ 15. Dry vacuum test | _____ Air reservoir check for moisture |
| _____ 16. Air ride seats (Both) | _____ Radio, Antennas & Set mounting |
| _____ 17. Rear dump valve operation | _____ 21. Slide out compartment trays |

ROAD TEST CHECKLIST

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|--|-------------------------------|
| _____ 22. Automatic Transmission (Fluid level) | _____ 26. Gauges, All |
| _____ 23. Engine / Exhaust Brake System | _____ 27. General Performance |
| _____ 24. Steering, vibration, wandering | _____ 28. Radio Operation |
| _____ 25. Brakes – Service & Spring | |

YES / NO Maintenance policy & procedures discussed with assignee?

Recap of maintenance work and responsibility (Assignee or OES). Note items in detail and state if OFA inspector is required:

ITEM #	REMARKS

Inspected by _____ Assignee Representative _____

Original: OES Headquarters Duplicate: Assignee Triplicate: Field Assistant Chief
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