

**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**

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

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

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

