



Greater Eagle Fire Protection District
 PO Box 961 Eagle, CO 81631
 Phone (970)328-7244 Fax (970)328-7280



Bid Specification Checklist

Vendor Name: _____

Total Bid Price: _____

Discounts:

Chassis Payment: _____

Final Payment: _____

Apparatus Type: _____

Section #	Description	Complies
1-4-1	2 Inspection Trips	Yes <input type="checkbox"/> No <input type="checkbox"/>
1-6-1	Built in USA	Yes <input type="checkbox"/> No <input type="checkbox"/>
1-8-2	Marked Yes/No Indicating Compliance	Yes <input type="checkbox"/> No <input type="checkbox"/>
1-8-3	Dimensions/Weight Documented	Yes <input type="checkbox"/> No <input type="checkbox"/>
1-9-1	No Prototype Apparatus	Yes <input type="checkbox"/> No <input type="checkbox"/>
1-12-1	Performance Bond Option	Yes <input type="checkbox"/> No <input type="checkbox"/>
1-14-1	Product Liability Insurance > 5,000,000	Yes <input type="checkbox"/> No <input type="checkbox"/>
1-15-1	Financial Statement Included	Yes <input type="checkbox"/> No <input type="checkbox"/>
1-16-3	Factory Service Center Within 200 Miles	Yes <input type="checkbox"/> No <input type="checkbox"/>
1-17-1	Replacement Parts Service Center	Yes <input type="checkbox"/> No <input type="checkbox"/>



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1-18-1	Delivery Date \leq 365 Days	Yes <input type="checkbox"/> No <input type="checkbox"/>
2-1	4 Person Cab	Yes <input type="checkbox"/> No <input type="checkbox"/>
OAH	\leq 132 Inches (11 feet)	Yes <input type="checkbox"/> No <input type="checkbox"/>
OAL	\leq 312 Inches (26 feet)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2-1-2	\geq 325 HP Engine	Yes <input type="checkbox"/> No <input type="checkbox"/>
2-2-1	Allison EVS 4000 Transmission	Yes <input type="checkbox"/> No <input type="checkbox"/>
2-3-1	Engine Exhaust Brake	Yes <input type="checkbox"/> No <input type="checkbox"/>
2-7-1	Air Compressor	Yes <input type="checkbox"/> No <input type="checkbox"/>
2-8-1	Two Batteries	Yes <input type="checkbox"/> No <input type="checkbox"/>
2-8-3	Kussmaul	Yes <input type="checkbox"/> No <input type="checkbox"/>
3-1-1	Exhaust Exits Officer Side	Yes <input type="checkbox"/> No <input type="checkbox"/>
3-1-2	Exhaust System For Plymo-Vent	Yes <input type="checkbox"/> No <input type="checkbox"/>
3-2-1	Electronic Stability Control	Yes <input type="checkbox"/> No <input type="checkbox"/>
3-3-1	Front Axle	Yes <input type="checkbox"/> No <input type="checkbox"/>
3-3-2	Rear Axle	Yes <input type="checkbox"/> No <input type="checkbox"/>
3-4-1	Front Tires	Yes <input type="checkbox"/> No <input type="checkbox"/>
3-4-2	Rear Tires	Yes <input type="checkbox"/> No <input type="checkbox"/>
3-6-1	Fuel Tank \geq 50 Gallons	Yes <input type="checkbox"/> No <input type="checkbox"/>
3-8	Safety Systems	Yes <input type="checkbox"/> No <input type="checkbox"/>
4-1-1	Bucket Seats	Yes <input type="checkbox"/> No <input type="checkbox"/>
4-5-1-4	Emergency Master Switch	Yes <input type="checkbox"/> No <input type="checkbox"/>



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4-5-1-8	Siren Box and Siren Box Location	Yes <input type="checkbox"/> No <input type="checkbox"/>
4-5-1-10	Heating, A/C, Defrost Controls	Yes <input type="checkbox"/> No <input type="checkbox"/>
4-5-1-15	Radio Interface Cables	Yes <input type="checkbox"/> No <input type="checkbox"/>
4-7-1	Speakers	Yes <input type="checkbox"/> No <input type="checkbox"/>
5-1-1	500 Gallon Water Tank	Yes <input type="checkbox"/> No <input type="checkbox"/>
5-1-3	Compartment Descriptions	Yes <input type="checkbox"/> No <input type="checkbox"/>
5-1-5	Steps	Yes <input type="checkbox"/> No <input type="checkbox"/>
6-1-1	Pump	Yes <input type="checkbox"/> No <input type="checkbox"/>
6-1-6	Pump Primer	Yes <input type="checkbox"/> No <input type="checkbox"/>
6-1-8	Pump Intakes	Yes <input type="checkbox"/> No <input type="checkbox"/>
6-2-1	Shop Drawing For Pump Panel	Yes <input type="checkbox"/> No <input type="checkbox"/>
6-2-3	Master Intake/Discharge Gauges	Yes <input type="checkbox"/> No <input type="checkbox"/>
6-3-2	Foam System	Yes <input type="checkbox"/> No <input type="checkbox"/>
6-3-2-3	Foam Capable Discharges	Yes <input type="checkbox"/> No <input type="checkbox"/>
7-1	Emergency Light Package	Yes <input type="checkbox"/> No <input type="checkbox"/>
9-1	Apparatus Training and Manuals	Yes <input type="checkbox"/> No <input type="checkbox"/>
10-1	Options	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Pricing Schedule Used	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Total Items in Compliance _____
 Total Non-Compliance Items _____

100% Payment Discount _____
 Price of Apparatus with Discount _____

Payment for Chassis Discount _____
 Price of Apparatus with Discount _____

Payment for Completed Apparatus Discount _____
 Price of Apparatus with Discount _____

Representative Name _____
 Representative Title _____
 Representative Phone _____

Location and Contact Information of Similar Apparatus:

1. _____
2. _____
3. _____
4. _____
5. _____

Missing Items and Comments:
