Major Equipment Request Form (Major Equipment Capital Expenditures greater than \$10,000)

Requestor's Printed Name: Tracy Rayno	Budget Line-Item Number. <b>350 0400 58000</b>
Requestors Fillited Name. Tracy Rayin	or Phone # 202-0017
Requesting Department:	·
□New to the Fleet (Rolling Stock)	Dept. Director Approved ⊠
⊠Other Major Equipment □ Replace	ment Vehicle
	I
Requested Equipment: Roto-Decon Extract	
Brand: circul-air-corp Model #: Ca Additional Features: N/A	AC-208 Estimated Cost: 32,000.00 Estimated Cost:
harnesses, masks, cylinders and additional	n for fire department equipment. Decons SCBA
namossos, masks, cylinaers and additional	
How does this purchase benefit the City of	Valdez? Reduces potential of toxic exposures to
firefighters. Extends the life of firefighting ed	quipment.
<u> </u>	
Does your department have a qualified operator for the requested equipment? ⊠ Yes □ No	
Submit this form to the Fleet or Office	Manager with the Public Works Department.
The following to be con	npleted by the Fleet Manager
Fleet Manager Name:	Date Reviewed:
Will the requested equipment perform a	s desired? ☐ Yes ☐ No
Are there additional costs to consider? [	⊒Yes □No
If yes, please list:	
Fleet Manager Notes:	
Estimated Life Expectancy: Year	S
Estimated Life Expectancy: Year	
Estimated Life Expectancy: Year	
Estimated Life Expectancy: Year  Does the Fleet Manager recommend this	
Estimated Life Expectancy: Year  Does the Fleet Manager recommend this  Fleet Manager Signature:	s purchase?   Yes   No  Date:
Estimated Life Expectancy: Year  Does the Fleet Manager recommend this  Fleet Manager Signature:  Printed Name: Joe Rus	s purchase?   Yes   No  Date:
Estimated Life Expectancy: Year  Does the Fleet Manager recommend this  Fleet Manager Signature:  Printed Name: Joe Rus	s purchase?  Yes  No  Date:  sell  this request to move to council approval?