Major Equipment Request Form

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

Date Requested:	Budget Line-Item Number. **350 0400 58000**
Requestor's Printed Name: Tracy Raynor	Phone # 202-0017
Requesting Department:	
☐New to the Fleet (Rolling Stock) ☒Other Major Equipment ☐ Replacement Vehicle	Dept. Director Approved ☒

Requested Equipment: Roto-Decon Extractor		
Brand: circul-air-corp	Model #: CAC-208	Estimated Cost: 32,000.00
Additional Features: N/A		Estimated Cost:
What do you want this to do? Decon System for fire department equipment. Decons SCBA harnesses, masks, cylinders and additional PPE.		
How does this purchase benefit the City of Valdez? Reduces potential of toxic exposures to firefighters. Extends the life of firefighting equipment.		
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 completed by the Fleet Manager. ----------

Fleet Manager Name:	Date Reviewed:
Will the requested equipment perform as desired? ☐ Yes ☐ No	
Are there additional costs to consider? ☐Yes ☐No	
If yes, please list:	
Fleet Manager Notes:	
Estimated Life Expectancy: _____ Years	
Does the Fleet Manager recommend this purchase? ☐ Yes ☐ No	

Fleet Manager Signature: _____ Date: _____

Printed Name: _____Joe Russell_____

Did the City Manager verbally approve of this request to move to council approval?
☐ Yes ☐ No Date: _____

City Manager Notations: _____