

Polson Rural Fire District

Monthly Apparatus Checklist

Truck Number: _____ Engine 328 _____ Mileage: _____

Month: _____ Checked By: _____

If a repair is needed please note it and place form in the Incident Form Box. If repair need is immediate please state it and notify an officer.

Item Checked	Condition	Notes	Inspected By
Radio Tested			
Siren Tested			
Flashlights			
Clipboard			
Knox Box Key			
Fuel: Fuel Level should be no lower than ¾ of a tank			
Emergency Lights			
Vehicle Lights			
Work Lights			
SCBA Checked(form on Back of Sheet)			
Oil Checked			
Hose:			
Nozzles & Appliances			
Operated All Valves			
First Aid Kits			
Hand Tools			
Ext. Cords & Light			
Ventilation Fan			
Chain Saw			
Generator			
Extinguishers			
Ladders			
Fuel Cans for Equip.			
Extrication Equip.			
Switch Batteries			
Check Tire Pressure			
Washed Vehicle			
Vehicle Road Tested			

Pack #	Bottle #	Pressure

Remarks:

Signature