

# Polson Rural Fire District

## Monthly Apparatus Checklist

Truck Number: \_\_\_\_\_ Command **300** \_\_\_\_\_ 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
Radio Tested		
Siren Tested		
Emergency Lights		
Truck Lights/Work Lights		
Clipboard/Wildland Clipboard		
Fuel Level		
Check Oil		
Flashlight		
Flagging		
First Aid Kit		
Dry Chem Extinguisher		
Tire Pressures (60psi)		
Tow Chain/Rope		
Tire Jack		
Vehicle Washed/ Road Tested		

**Please Operate All Power Equipment**

Remarks:

\_\_\_\_\_  
Signature