

Polson Rural Fire District

Monthly Apparatus Checklist

Truck Number: _____ **Command 317** **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		
Vehicle Lights		
Clipboard		Fuel Card / Knox Key
Fuel Level		
Check Oil		
Flashlights		
Flagging		
AED		
Dry Chem / Water Can		
Tire Pressure		
Pi Lit		
Hand Tools		
Combi Tool / Shovel		
Spill Kit		
SCBA		
Married Set / Bolt Cutters		
Life Jacket / Throw Rope		
Command Board		
Road Flares		Right Passenger Door
Weather Gauge		Glovebox

Please Operate All Power Equipment

Remarks:

Signature