

Polson Rural Fire District

Monthly Apparatus Checklist

Truck Number: _____ **Engine 326** _____ **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			
Fuel: Fuel Level should be no lower than ¾ of a tank			
Oil Checked			
Emergency Lights			
Vehicle Lights			
Work Lights			
First Aid Kit			
Lube levers for pump			
Hose: Nozzles & Appliances			
Extinguishers: Hydro 5 years			
Vehicle Road Tested			
Check Tire Pressure		Between 90 and 110 PSI	
Washed Vehicle			
Operated All Valves			
Test Pump			
Hydrant Bag			

Operate All Power Equipment

Remarks:

Signature