

Polson Rural Fire District

Monthly Apparatus Checklist

Truck Number: _____ **Engine 3-1-3** **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		Brake's/Turn Signal/Running/Headlights
Clipboard/Wildland Clipboard		Gas Card/Insurance Card
Check Monitor		Function
Fuel Level		No lower than $\frac{3}{4}$ of tank
Check Oil		
Flashlights		Firebox/Stream Light
Winch Control		
Traffic Vest		X4
Latex Gloves		
Medic Bag		
Progressive Hose Pack		
Tool Kit		
Broom		
Weather Gauge		Glovebox
Married Set		
First Aid Kit		
Floor Dry		
Bottled Water/Gatorade		
Mega Mover		
Stokes Basket		X2 Backboards/X2 Spider Strap/Head Bd
Check Pre Connect		
Run Pump		Fuel Level/Oil Level/Water-Foam Level
Water Can		
Work Lights		Scene Star/Perimeter/Pump Lights
Drip Torch		
Suction Hose		X3 Sections
Various Hose Fittings/Y's		
Forestry Hose		1 $\frac{3}{4}$ / 1 / Garden Hose
Hand Tools		X2 Spade/Combi/Pulaski/Flapper/Mcloud
Water Packs		X2
Chain Saw Chaps		
Chain Saw		Fuel Level/Bar Oil Level
Fuel Can For Equip.		Straight/Mix/Bar Oil

Tire Pressure		85PSI
Vehicle Washed/ Road Tested		
Pack #	Bottle #	Pressure

Pfdtruckcheck.Doc

Operate All Power Equipment

Remarks:

Signature