

Polson Rural Fire District

Monthly Apparatus Checklist

Truck Number: Brush 325 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			
Clipboard			
Flashlights			
Emergency Lights			
Vehicle Lights			
Fuel: Fuel Level should be no lower than ¾ of a tank			
First Aid Kit			
Oil Checked			
Fuel Can for Equip.			
Hose			
Bottled Water			
Fire Shelters			
Weather Gauge			
Extinguishers			
Check pump gas/oil			
Work Lights			
Hand Tools			
Chain Saw			
Fittings and Nozzles			
Canteens			
Check Tire Pressure			
Washed Vehicle			
Vehicle Road Tested			

Operate All Power Equipment

Remarks:

Signature