

Polson Rural Fire District

Monthly Apparatus Checklist

Truck Number: _____ **Engine 3-1-8** **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		Fuel Card/Knox Box Key
Pump/Generator Function		Truck Units/Work Lights/Operate Valves
Fuel Level		No lower than $\frac{3}{4}$ of tank
Flashlights		X4 Firebox
TIC		Function/Spare Battery
Latex Gloves		XL/L/M
Gas Meter		Rear left window/Calibration?
Medic Bag		
6 Traffic Vest		
AED		Check Battery/Pads
Truck Oil Level		
Bottled Water		
Tool Kit		
Various Hose/Fittings		
Various Hand Tools (Driver side)		Married Set/Bolt Cutters/Hooks /K-Tool
Various Hand Tools (Officer)		Married Set/Trash Hook/Broom/Shovel
Jaws		Operate/Check Batteries
Salvage Tarp		
Dry Chem Extinguisher		
Ventilation Fan		Function/Gas/Oil
Spare SCBA Bottle		X4
Long Pike Poles/Attic Ladder		
High Rise Pack		
Sawz All		Extra Blades
Chimney Kit/Chain Bucket		
Hydrant Kit		
Rope Bag		
Water Can		
Chain Saw/Chaps		Fuel Level/Bar Oil Level
Piercing Nozzle		
Mixed Fuel		1 Gallon
Cribbing/Step Chocks		

