

# Polson Rural Fire District

## Monthly Apparatus Checklist

Truck Number: Brush 333 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			
Bottled Water			
Flashlights			
Clipboard			
Weather Gauge			
Fuel: Fuel Level should be no lower than $\frac{3}{4}$ of a tank			
Oil Checked			
Emergency Lights			
Vehicle Lights			
Work Lights			
Medic bag			
Hand Tools			
Chain Saw(s)			
First Aid Kit			
Fuel Can for Equip.			
Check pump gas/oil			
Hose: Nozzles & Appliances			
Extinguishers: Hydro 5 years			
Vehicle Road Tested			
Washed Vehicle			
Fire Shelters			
Check Tire Pressure		Note pressure=	

Pfdtruckcheck.Doc

Remarks:

Pack #	Bottle #	Pressure

Operate All Power Equipment

---

Signature