

Polson Rural Fire District

Monthly Apparatus Checklist

Truck Number: _____ Command **300** _____ 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		
Vehicle Lights		
Clipboard		Fuel Card / Knox Key
Fuel Level		
Check Oil		
Flashlights		
Flagging		
AED		
Dry Chem / Water Can		
Tire Pressure		
Pi Lit		
Tool Kit		
Combi Tool / Shovel / Broom		
Spill Kit		
SCBA		
Married Set / Bolt Cutters		
Life Jacket / Throw Rope		
Command Board		
Road Flares		Right Passenger Door
Weather Gauge		Glovebox
Tow Rope / Jumper Cables		
Thermal Camera		

Please Operate All Power Equipment

Remarks:

Signature