



# MONTGOMERY COUNTY FIRE AND RESCUE SERVICES

## Apparatus Checkout Sheet

**Fire Station:**

Unit Number:

County Stock Number:

Month of:

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### Daily Items

- ◆ Check vehicle for damage.
- ◆ Check engine & transmission fluid levels.
- ◆ Visually inspect tires for defects & proper inflation.
- ◆ Inspect engine compartment hoses for:
  - Cracks, bulges and leaks
- ◆ Inspect fan and accessory belts for:
  - Cracks and appropriate tension
- ◆ Operate inverter/motor generator.
- ◆ Check all lights, warning devices, & signaling equipment.
- ◆ Change portable radio battery.
- ◆ Portable radio count.
- ◆ Check radio volume & appropriate talkgroup.
- ◆ Inventory & check all SCBA **(FILL IF BELOW 4500psi)**.  
**\*\*\* (Note completion of SCBA inspection on the SCBA inspection sheet) \*\*\***
- ◆ Test:
  - A.E.D. (If Applicable)
  - CO Monitor
  - Gas Track
  - Heat Detector
- ◆ Check portable fire extinguishers.
- ◆ Check fluids on all gas-powered equipment.
- ◆ Inspect cab area for:
  - Map books
  - Fuel card
  - Hand lights
  - Knox Box Key
  - Command Action Guides.
- ◆ Visual inventory of all equipment.
- ◆ Secure hose loads.
- ◆ Visually inspect water & foam tanks.
- ◆ Engage pump & pump accessories.
- ◆ Actuate pump primer.
- ◆ Set up aerial device, inspect outriggers & aerial & ladder's for damage & operability
- ◆ Elevate, rotate & extend aerial.
- ◆ Check all fluids and operate diesel generator for at least 10 minutes.
- ◆ Check all E.M.S. equipment.
- ◆ Check all O<sup>2</sup> levels.
- ◆ Check cot for proper operation. Is it yours?

### Weekly Items (+ Daily)

- ◆ Visually inspect battery terminals.
- ◆ Check for correct tire pressure.
- ◆ Operate all pump valves (from stop to stop), drains & caps. Lubricate as required.
- ◆ Exercise discharge relief valve.
- ◆ Verify unit inventory.
- ◆ Tighten loose equipment fasteners or brackets.
- ◆ Clean portable equipment as required. Paint, lubricate and label as needed.
- ◆ Operate all electrically powered equipment & accessories.
- ◆ Operate all gas-powered equipment & accessories for 5 minutes.
- ◆ Clean cab and bucket areas.
- ◆ Operate all hydraulic rescue tools.
- ◆ Clean/Disinfect all E.M.S. equipment.
- ◆ Clean/Disinfect stretcher & patient compartment.
- ◆ Rotate AED & suction unit batteries.

### Monthly Items (+ Daily & Weekly)

- ◆ All compartments are to be cleaned, dried & reassembled as needed.
- ◆ Check for:
  - Frayed wiring
  - Compartment lighting
  - Condition of door seals
  - Hinges
  - Strikers
  - Latches
- ◆ Replace damaged maps as necessary.
- ◆ Perform a monthly SCBA inventory and log in the station SCBA maintenance book.
- ◆ Remove any ladders, clean completely & lubricate slides & hardware with a manufacturers' recommended lubricant.
- ◆ Aerial Devices: Clean and lubricate according to the manufacturers' instructions, or at a minimum, quarterly.
- ◆ Back flush pumps according to the manufacturers' instructions.
- ◆ With supply from hydrant (soft sleeve) check operation of:
  - Front intake
  - Transfer valve
  - Tank fill valve
  - Visually inspect for excessive leaks.
- ◆ Perform operational check of on-spot chains.
- ◆ Perform dry prime test.
- ◆ Inspect suction screens.
- ◆ Operate swing check valves on all two-stage pumps.
- ◆ Monitor pump packing for excessive leaks.
- ◆ Lubricate suction threads with a light coat of grease.

**\*\* NOTE \*\***

**Refer to NFPA 1915, Standard for Fire Apparatus Preventive Maintenance Program as a guideline when placing apparatus "Out of Service".**

**Apparatus drivers must sign by putting their ID #. Each shift officer must sign by writing their ID # at the end of each month to assure their shifts' compliance. Signing indicates that the apparatus was checked according to the above guidelines.**

**D = Daily W = Weekly M = Monthly (Circle Applicable Letter Under "Type" Column)[Mark O.O.S. if unit is Out of Service]**

ID #	Type	ID #	Type							
1	D W M	8	D W M	15	D W M	22	D W M	29	D W M	SHIFT OFFICER'S ID #
2	D W M	9	D W M	16	D W M	23	D W M	30	D W M	A
3	D W M	10	D W M	17	D W M	24	D W M	31	D W M	B
4	D W M	11	D W M	18	D W M	25	D W M	** REMINDER ** Send apparatus mileage to the Safety Office on the first day of the month.		C
5	D W M	12	D W M	19	D W M	26	D W M	<b>Mileage:</b> (Beginning of Month)		
6	D W M	13	D W M	20	D W M	27	D W M	<b>Mileage:</b> (End of Month)		
7	D W M	14	D W M	21	D W M	28	D W M	<b>Mileage:</b> (TOTAL for Month)		

**MCFRS**  
**Apparatus Checkout Sheet**

**Unit number:**

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<b>Date</b>	<b>Fluid(s) Added? (List Type &amp; Amount Added)</b>	<b>Mileage</b>	<b>Problems/Body Damage Noted</b>	<b>Shop Ticket Written (Circle One)</b>	
1				YES	NO
2				YES	NO
3				YES	NO
4				YES	NO
5				YES	NO
6				YES	NO
7				YES	NO
8				YES	NO
9				YES	NO
10				YES	NO
11				YES	NO
12				YES	NO
13				YES	NO
14				YES	NO
15				YES	NO
16				YES	NO
17				YES	NO
18				YES	NO
19				YES	NO
20				YES	NO
21				YES	NO
22				YES	NO
23				YES	NO
24				YES	NO
25				YES	NO
26				YES	NO
27				YES	NO
28				YES	NO
29				YES	NO
30				YES	NO
31				YES	NO