MONTGOMERY COUNTY FIRE AND RESCUE SERVICES

Apparatus Checkout Sheet

Fire Station:

Unit Number:

County Stock Number:

Page 1

Month of:

200___

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 5500psi)**.

*****(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 & ladders 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^2 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.
- ♦ Operate CAFS compressor at 100 psi for 30 consecutive minutes. (Circulate water through the pump to ensure pump and CAFS compressor cooling)
- ♦ 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.

**** NOTE****

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

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.
- ♦ Flow Class A Foam Solution line for five minutes
- ♦ Flow Class B Foam line for 1 minute
- ♦ 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.

Apparatus drivers must sign by putting their I D #. Each shift officer must sign by writing their I D # 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	ID #	Type	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	**<u>Mileage:</u>** (Beginning of Month)		
6	D W M	13	D W M	20	D W M	27	D W M	**<u>Mileage:</u>** (End of Month)		
7	D W M	14	D W M	21	D W M	28	D W M	**<u>Mileage:</u>** (TOTAL for Month)		

MCFRS **Apparatus Checkout Sheet**		**Unit number:**		Page 2
Date	**Fluid(s) Added?** (List Type & Amount Added)	**Mileage**	**Problems/Body Damage Noted**	**Shop Ticket Written** (Circle One)
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**