



MONTGOMERY COUNTY FIRE AND RESCUE SERVICES

Apparatus Checkout Sheet

FIRE STATION:

Unit Number:

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Month of:

County Stock Number:

20__

Daily Items	Weekly Items (+ Daily)	Monthly Items (+Daily & Weekly)
Check vehicle for damage Check engine & transmission fluid levels Visually inspect tires for defects & proper inflation Inspect ending 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, and signaling equipment Change portable radio batteries 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: AED (if applicable) CO Monitor Gas Track Thermal Imager 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, and ladders for damage and operability Elevate, rotate, and extend aerial Check all fluids and operate diesel generator for at least 10 minutes Check all EMS equipment Check all O ² levels Check cot for proper operation. Is it yours?	Visually inspect battery terminals Check for correct tire pressure Operate all pump valves (from stop to stop), drains, and caps. Lubricate as required Exercise discharge relief valve Operate CAFS compressor at 100psi 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 and accessories for 5 minutes Clean cab and bucket areas Operate all hydraulic rescue tools Clean/disenfect all EMS equipment Clean/disenfect stretcher and patient compartment Rotate AED and suction unit batteries <div style="text-align: center;"> ** NOTE ** Refer to NFPA 1915, <u>Standard for Fire Apparatus Preventive Maintenance Program</u>, as a guideline when placing apparatus "Out Of Service." </div>	All compartments to be cleaned, dried, and 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, and lubricate slides and 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 leaks Flow Class A foam solution line for 1 minute Flow Class B foam solution 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 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	ID #	Type	ID #	Type	SHIFT OFFICER'S ID#
1	D W M	9	D W M	17	D W M	25	D W M	
2	D W M	10	D W M	18	D W M	26	D W M	B
3	D W M	11	D W M	19	D W M	27	D W M	C
4	D W M	12	D W M	20	D W M	28	D W M	**REMINDER**
5	D W M	13	D W M	21	D W M	29	D W M	Upload monthly apparatus mileage through Defect Entry Reporting
6	D W M	14	D W M	22	D W M	30	D W M	Mileage: (Beginning of Month)
7	D W M	15	D W M	23	D W M	31	D W M	Mileage: (End of Month)
8	D W M	16	D W M	24	D W M			Mileage: (Total for Month)

MCFRS

Apparatus Checkout Sheet

Date	Fuel Amount Added	Mileage	Problem / 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