

ST. TAMMANY FIRE PROTECTION DISTRICT 11

DAILY APPARATUS CHECK INVENTORY LIST FOR ENGINE 111

Operator:				Emp. #:				Day:				
Odometer:				Engine Hours:				Date:				
Engine & Cab		Fuel	1/4	1/2	3/4	FULL	Water	1/4	1/2	3/4	FULL	
<input type="checkbox"/> Engine Oil	<input type="checkbox"/> Trans Fluid	<input type="checkbox"/> Steering Fluid			<input type="checkbox"/> Primer Fluid		<input type="checkbox"/> Batteries					
<input type="checkbox"/> Radiator Fluid	<input type="checkbox"/> Wipers	<input type="checkbox"/> Washer Fluid			<input type="checkbox"/> Belts		<input type="checkbox"/> Clip Board					
<input type="checkbox"/> DOT Book	<input type="checkbox"/> Gloves	<input type="checkbox"/> Safety Vests (2)			<input type="checkbox"/> SCBA (5)		<input type="checkbox"/> SCBA Masks (5)					
<input type="checkbox"/> 700 MHz Radio	<input type="checkbox"/> Hand Lights (2)	<input type="checkbox"/> Binoculars			<input type="checkbox"/> Thermal Imager		<input type="checkbox"/> Lock-Out Kit					
<input type="checkbox"/> Medic Bag	<input type="checkbox"/> Trauma Bag	<input type="checkbox"/> AED			<input type="checkbox"/> 50' Forestry Hose (3)							
Lights												
<input type="checkbox"/> Head Lights (Low Beam)			<input type="checkbox"/> Head Lights (High Beam)			<input type="checkbox"/> Right Turn		<input type="checkbox"/> Left Turn				
<input type="checkbox"/> Marker Lights			<input type="checkbox"/> Emergency Lights			<input type="checkbox"/> Tail Lights		<input type="checkbox"/> Brake Lights				
<input type="checkbox"/> Reverse Lights			<input type="checkbox"/> Compartment Lights			<input type="checkbox"/> Scene Lights		<input type="checkbox"/> Step Lights				
<input type="checkbox"/> Ground Lights			<input type="checkbox"/> Pump Panel Lights			<input type="checkbox"/> Siren/ Air Horn		<input type="checkbox"/> Horn				
SCBA Packs, PASS Devices, and Bottles												
Pack #	Pressure	Pack Condition		Pass Condition		Spare SCBA Bottles						
#11-01						Number	Pressure	Condition				
#11-02												
#11-03												
#11-04												
#11-05												
Front Bumper												
<input type="checkbox"/> Low Level Strainer			<input type="checkbox"/> 2 1/2" to 1 1/2" Gated Y			<input type="checkbox"/> 50' Jumpline (2)		<input type="checkbox"/> 1 3/4" Nozzle				
Compartment 1												
<input type="checkbox"/> 2 1/2" Double FM (2)			<input type="checkbox"/> 1 1/2" to 1" Adaptor			<input type="checkbox"/> Siamese		<input type="checkbox"/> Hose Jacket				
<input type="checkbox"/> Male Quick Connects (2)			<input type="checkbox"/> Gas Plugs (Toolbox)			<input type="checkbox"/> Hose Towel		<input type="checkbox"/> 2 1/2" Fog				
<input type="checkbox"/> Straight Stream (2)			<input type="checkbox"/> Small Sledge			<input type="checkbox"/> Water Cups		<input type="checkbox"/> Foam Tube				
<input type="checkbox"/> 6" FM to 2 1/2" FM			<input type="checkbox"/> Toolbox			<input type="checkbox"/> Water Jug		<input type="checkbox"/> Fill Hose				
<input type="checkbox"/> 2 1/2" FM to 1 1/2" M (2)			<input type="checkbox"/> Rubber Hammer			<input type="checkbox"/> Dawn Soap		<input type="checkbox"/> 6" Double FM				
<input type="checkbox"/> 2 1/2" Double M			<input type="checkbox"/> 1 1/2" Foam Eductor			<input type="checkbox"/> Cellar Nozzle		<input type="checkbox"/> Hydrant Gate				
<input type="checkbox"/> Pipe Wrench (Toolbox)			<input type="checkbox"/> Water Extinguisher			<input type="checkbox"/> Full		<input type="checkbox"/> Charged				
Compartment 2												
<input type="checkbox"/> Chainsaw			1/4	1/2	3/4	FULL	<input type="checkbox"/> 2-Cycle Fuel		1/4	1/2	3/4	FULL
<input type="checkbox"/> Plug-N-Dike			<input type="checkbox"/> Hose Clamp			<input type="checkbox"/> Triangle Kit		<input type="checkbox"/> Halligan				
<input type="checkbox"/> Sledge Hammer			<input type="checkbox"/> Water Main Key			<input type="checkbox"/> Pry Bar		<input type="checkbox"/> 4' Can Opener				
<input type="checkbox"/> Lg. Bolt Cutters			<input type="checkbox"/> Sm. Bolt Cutters			<input type="checkbox"/> Bar Oil						
Compartment 3												
				<input type="checkbox"/> Hydraulic Pump		1/4	1/2	3/4	FULL			
<input type="checkbox"/> Hydraulic Hoses (2)			<input type="checkbox"/> Pedal Cutter			<input type="checkbox"/> Spreaders		<input type="checkbox"/> O-Cutter				
<input type="checkbox"/> Air Bag Controller			<input type="checkbox"/> Step Cribbing (2)			<input type="checkbox"/> Air Bags		<input type="checkbox"/> Rams (2)				

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Compartment 4		<input type="checkbox"/> Work Lights (2)	<input type="checkbox"/> Extension Cord	
<input type="checkbox"/> Generator	1/4 1/2 3/4 FULL	<input type="checkbox"/> Unleaded Fuel	1/4 1/2 3/4 FULL	
Compartment 5		<input type="checkbox"/> Exhaust Fan	1/4 1/2 3/4 FULL	
<input type="checkbox"/> Salvage Covers (2)	<input type="checkbox"/> Wheel Chocs (2)	<input type="checkbox"/> 50' 1 3/4" (2)		
Top & Exterior		<input type="checkbox"/> Blitz Monitor	<input type="checkbox"/> 8' Hard Suction (2)	
<input type="checkbox"/> Pike Poles (2)	<input type="checkbox"/> Master Fog	<input type="checkbox"/> Booster Nozzle	<input type="checkbox"/> Foam (15 Gal.)	
<input type="checkbox"/> Kitty Litter	<input type="checkbox"/> 2 1/2" Fog	<input type="checkbox"/> 24' Ext. Ladder	<input type="checkbox"/> 16' Roof Ladder	
<input type="checkbox"/> 10' Attic Ladder	<input type="checkbox"/> Spanner Wrench (4)	<input type="checkbox"/> Hydrant Key (2)	<input type="checkbox"/> 1 3/4" Fog (2)	
<input type="checkbox"/> Shovel (2)	<input type="checkbox"/> Flap (2)	<input type="checkbox"/> Fire Rake (2)	<input type="checkbox"/> Push Broom	
<input type="checkbox"/> Spine Board	<input type="checkbox"/> Flat Axe	<input type="checkbox"/> Pick Axe	<input type="checkbox"/> Mop	
Medical Bag		<input type="checkbox"/> Sealed # _____ Date _____		
<input type="checkbox"/> O2 _____ psi.		<input type="checkbox"/> Main O2 _____ psi.		
Trauma Bag		<input type="checkbox"/> Sealed # _____ Date _____		
Tires and Pressure Check - Mondays				AED Check - Daily
	Front Driver	Rear Driver Inside	Rear Driver Outside	Fire Dept. ID# _____ <input type="checkbox"/> Start-up Check <input type="checkbox"/> AED Battery Check <input type="checkbox"/> Pads/ Expires: _____ <input type="checkbox"/> Pads/ Expires: _____ <input type="checkbox"/> Disposable Supplies
Pressure				
Condition				
	Front Passenger	Rear Pass. Inside	Rear Pass. Outside	
Pressure				
Condition				
Power Equipment/ Tools Check - Friday				
<input type="checkbox"/> Generator	<input type="checkbox"/> Exhaust Fan	<input type="checkbox"/> Chainsaw	<input type="checkbox"/> Hydraulic Pump	<input type="checkbox"/> Jaws/ Spreaders
<input type="checkbox"/> O Cutter	<input type="checkbox"/> Ram 1	<input type="checkbox"/> Ram 2	<input type="checkbox"/> Pedal Cutter	<input type="checkbox"/> Hydraulic Hoses
Remarks Section		To be included here: any damage to apparatus, missing equipment, work needing to be done, etc.		

I certify that the above apparatus has been checked and work is complete:			
Officer/ #:	_____	Firefighter/ #:	_____
Operator/ #:	_____	Firefighter/ #:	_____