

# ST. TAMMANY FIRE PROTECTION DISTRICT 11

## Daily Apparatus Check & Inventory List for Engine 112

|                                       |                         |                             |
|---------------------------------------|-------------------------|-----------------------------|
| <b>Apparatus Operator / # :</b> _____ | <b>Date :</b> _____     | <b>Day of Week :</b> _____  |
| <b>Officer in Charge / # :</b> _____  | <b>Odometer :</b> _____ | <b>Engine Hours :</b> _____ |

|                         |  |
|-------------------------|--|
| <b>Engine &amp; Cab</b> | <input type="checkbox"/> Ignition Starts & Runs <input type="checkbox"/> Dash Guages Working <input type="checkbox"/> Cab Lights            Fuel 1/4 1/2 3/4 Full<br><input type="checkbox"/> Engine Oil <input type="checkbox"/> Trans Fluid <input type="checkbox"/> Radiator Fluid <input type="checkbox"/> Steering Fluid <input type="checkbox"/> Primer Fluid <input type="checkbox"/> Wiper Fluid <input type="checkbox"/> Wipers<br><input type="checkbox"/> Batteries <input type="checkbox"/> Belts <input type="checkbox"/> Tire Guage <input type="checkbox"/> Head Phones (2) <input type="checkbox"/> DOT Book <input type="checkbox"/> Clip Board <input type="checkbox"/> Remote Control<br><input type="checkbox"/> Gloves <input type="checkbox"/> Pre-Plan Book <input type="checkbox"/> Hand Lights (2) <input type="checkbox"/> Thermal Imager <input type="checkbox"/> Map <input type="checkbox"/> Oxygen Bottle _____psi<br><input type="checkbox"/> SCBA # of Packs _____ <input type="checkbox"/> SCBA Masks # of _____ <input type="checkbox"/> Safety Vests (2)            Water 1/4 1/2 3/4 Full<br><input type="checkbox"/> Water Pack <input type="checkbox"/> Foam Water Pack <input type="checkbox"/> Lockout Kit <input type="checkbox"/> C collar Bag |
|-------------------------|--|

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| <b>Exterior Lights</b> | <input type="checkbox"/> Head Lights Low Beam <input type="checkbox"/> Head Lights High Beams <input type="checkbox"/> Marker Lights <input type="checkbox"/> Emergency Lights<br><input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> Tail Lights <input type="checkbox"/> Brake Lights <input type="checkbox"/> Reverse & Backup Lights <input type="checkbox"/> Compartment Lights<br><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 and Air Horns <input type="checkbox"/> Horn |
|------------------------|---|

| SCBA Packs, PASS Devices, and Bottles |          |           |              |                |                    |        |           |
|---------------------------------------|----------|-----------|--------------|----------------|--------------------|--------|-----------|
| Pack Number                           | Pressure | Condition | PASS Working | PASS Condition | Spare SCBA Bottles |        |           |
|                                       |          |           |              |                | Pressure           | Number | Condition |
|                                       |          |           |              |                |                    |        |           |
|                                       |          |           |              |                |                    |        |           |
|                                       |          |           |              |                |                    |        |           |
|                                       |          |           |              |                |                    |        |           |
|                                       |          |           |              |                |                    |        |           |

|                          |   |
|--------------------------|---|
| <b>Front Compartment</b> | <input type="checkbox"/> 1 3/4" Jump Line 100' <input type="checkbox"/> 1 3/4" Fog Nozzle |
|--------------------------|---|

|                      |   |
|----------------------|---|
| <b>Compartment 1</b> | <input type="checkbox"/> 25' 2 1/2" Fill Hose <input type="checkbox"/> Rubber Mallet <input type="checkbox"/> Brass Hammer <input type="checkbox"/> Small Sledge <input type="checkbox"/> Water Jug<br><input type="checkbox"/> Hydrant Gate <input type="checkbox"/> Gated Wye <input type="checkbox"/> Hose Jacket <input type="checkbox"/> Siamese <input type="checkbox"/> Foam Tube <input type="checkbox"/> 1 1/2" Eductor <input type="checkbox"/> Tip Set<br><input type="checkbox"/> Double Male <input type="checkbox"/> Double Female <input type="checkbox"/> 6" Double Female <input type="checkbox"/> 6" Female to 4" Male <input type="checkbox"/> 2 1/2" Straight Stream (2)<br><input type="checkbox"/> 2 1/2" NPS to 2 1/2" NFT <input type="checkbox"/> 1 1/2" NPS to 1 1/2" NFT <input type="checkbox"/> 2 1/2" 1 1/2" Reducer <input type="checkbox"/> Spare 2 1/2" Fog Nozz |
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|                      |   |
|----------------------|---|
| <b>Compartment 2</b> | <input type="checkbox"/> Sledge Hammer <input type="checkbox"/> Haligen <input type="checkbox"/> 4' Closet Hook (2) <input type="checkbox"/> Pry Bar <input type="checkbox"/> Hose Clamp <input type="checkbox"/> Tool Kit<br><input type="checkbox"/> Hand Pry Bar <input type="checkbox"/> Fire Tape <input type="checkbox"/> Bolt Cutters (1) <input type="checkbox"/> Water Key <input type="checkbox"/> Pliers Set <input type="checkbox"/> Piercing Nozzle<br><input type="checkbox"/> 50' Utility Rope <input type="checkbox"/> Chain Saw 1/4 1/2 3/4 Full |
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|                      |   |
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| <b>Compartment 3</b> | <input type="checkbox"/> Unmixed Fuel 1/4 1/2 3/4 Full <input type="checkbox"/> Mixed Fuel 1/4 1/2 3/4 Full <input type="checkbox"/> Bar Oil <input type="checkbox"/> Triangle Kit<br><input type="checkbox"/> Funnel <input type="checkbox"/> Foam (5g) (2) <input type="checkbox"/> Kitty Litter <input type="checkbox"/> Work Light <input type="checkbox"/> Low Level Strainer <input type="checkbox"/> Motor Oil <input type="checkbox"/> Jaws of Life |
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|                         |  |
|-------------------------|--|
| <b>Rear Compartment</b> | <input type="checkbox"/> Extrication Pump 1/4 1/2 3/4 Full <input type="checkbox"/> O Cutter <input type="checkbox"/> Multi-Tool Manifold <input type="checkbox"/> Cribbing<br><input type="checkbox"/> Small Ram <input type="checkbox"/> Medium Ram <input type="checkbox"/> Large Ram <input type="checkbox"/> Generator 1/4 1/2 3/4 Full |
|-------------------------|--|

|                      |   |
|----------------------|---|
| <b>Compartment 4</b> | <input type="checkbox"/> Air Bags (3) <input type="checkbox"/> Air Bag Controls <input type="checkbox"/> Salvage Covers (2) <input type="checkbox"/> Heavy Duty Ext. Cord with Multi Plug<br><input type="checkbox"/> Extension Cords (2) <input type="checkbox"/> Work Light |
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|                      |  |
|----------------------|--|
| <b>Compartment 5</b> | <input type="checkbox"/> Gas Exhaust Fan 1/4 1/2 3/4 Full <input type="checkbox"/> 1 3/4" Hose 50' (3) |
|----------------------|--|

|                        |   |
|------------------------|---|
| <b>Top and Outside</b> | <input type="checkbox"/> Spanner (4) <input type="checkbox"/> Hydrant Key (2) <input type="checkbox"/> Flat Axe <input type="checkbox"/> Pick Axe <input type="checkbox"/> Wheel Chocks <input type="checkbox"/> Foam (5g)<br><input type="checkbox"/> Master Fog <input type="checkbox"/> 1 3/4" Jump Line 150' <input type="checkbox"/> 1 3/4" Jump Line 200' <input type="checkbox"/> 2 1/2" Jump Line 200' <input type="checkbox"/> Attic Ladder<br><input type="checkbox"/> 2 1/2" Fog Nozzle <input type="checkbox"/> 1 3/4" fog Nozzle (2) <input type="checkbox"/> Dry Chem Ext. <input type="checkbox"/> Pressure Water Ext. <input type="checkbox"/> 24' Ext. Ladder<br><input type="checkbox"/> 14' Roof Ladder <input type="checkbox"/> 10' Pike Pole <input type="checkbox"/> 8' Pike Pole <input type="checkbox"/> Round Shovels (2) <input type="checkbox"/> Flat Shovel <input type="checkbox"/> Mop<br><input type="checkbox"/> Fire Rake (2) <input type="checkbox"/> Fire Flap (2) <input type="checkbox"/> Spine Board <input type="checkbox"/> Push Broom <input type="checkbox"/> Broom <input type="checkbox"/> 2 1/2" Supply Hose ~ 1200' |
|------------------------|---|

**Medical Kit**

- Non-Rebreather (2)     Nasal Canula (2)     Pedi Mask (2)     Adult Ambu     Pedi/Inf. Ambu (1 Ea.)  
 Set of oral Airways     B/P Kit with Stethoscope     Red Bio Bags (2)     Band-Aids (10)     Various Tape Size  
 Alcohol Preps (25)     Shears     OB Kit     Burn Sheet     Ice Packs (2)     Triangle Bandage (2)     4" Kling (2)  
 N95 Masks (4)     6" Kling (2)     Ace Bandages (2)     8x10 Combi Dressing (2)     5x9 Abd Pads (5)     Mark 1 (2)  
 Multi-Trauma Dressing     Sterile 4x4 (15)     PPE Kit     Bottle Sterile Wtr     Sealed # \_\_\_\_\_ Date \_\_\_\_\_

**AED Check**

- Fire Dept. ID # \_\_\_\_\_     Startup Check     AED Battery Charged     Spare Battery  
 Package of Pads - Expires \_\_\_\_\_     Package of Pads - Expires \_\_\_\_\_     Disposable Supplies (razor & etc.)

**Power Equipment / Tools Check - Fridays**

| Equip. / Tool   | Exhaust Fan | EXT. Pump | Generator | Chain Saw | Jaws | O Cutter | Sm. Ram | Md. Ram | Lg. Ram |
|-----------------|-------------|-----------|-----------|-----------|------|----------|---------|---------|---------|
| Runs / Operates |             |           |           |           |      |          |         |         |         |
| Condition       |             |           |           |           |      |          |         |         |         |

**Tire and Pressure Check - Saturdays**

|           | Front Driver | Front Passenger | Rear Driver Outside | Rear Driver Inside | Rear Pass. Outside | Rear Pass. Inside |
|-----------|--------------|-----------------|---------------------|--------------------|--------------------|-------------------|
| Pressure  |              |                 |                     |                    |                    |                   |
| Condition |              |                 |                     |                    |                    |                   |

**Pump and Pump Panel Check**

- Pump Engages w/o Problems     Yes     No    Pump Controls Operating Properly (psi, rpm, idle, & etc.)     Yes     No  
 Electric Primer Working     Yes     No    All Lights Working     Yes     No    Obvious Pump Leaks     Yes     No  
 All Valves and Levers working Properly     Yes     No    All Guages Working Properly     Yes     No

Optional

Water Flow Test Done     Yes     No

Optional

| Line Number | Size of Line | PSI | Approx GPM | PUMP     |               | Water Supply |         |
|-------------|--------------|-----|------------|----------|---------------|--------------|---------|
|             |              |     |            | Pump PSI | Discharge PSI | Intake PSI   | Vaccume |
|             |              |     |            |          |               |              |         |
|             |              |     |            |          |               |              |         |
|             |              |     |            |          |               |              |         |
|             |              |     |            |          |               |              |         |
|             |              |     |            |          |               |              |         |

**Remarks Section**

To be included here ; any damage to apparatus, missing equipment, work needing done, and etc.

Work Order Number \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above apparatus has been checked, all information on this sheet is accurate and all work is complete.

|              |  |
|--------------|--|
| Officer / #  |  |
| Operator / # |  |

|                 |  |
|-----------------|--|
| Firefighter / # |  |
| Firefighter / # |  |