

Weekly Emergency Vehicle Report

Apparatus _____
Inventory # _____
Rapid Access Key # _____

Date _____
Hours _____
Mileage _____

Write X in box if satisfactory. If unsatisfactory, specify in comments.

Engine Compartment

- | | |
|--|---|
| <input type="checkbox"/> Motor Oil | <input type="checkbox"/> Fuel |
| <input type="checkbox"/> Fan Belts | <input type="checkbox"/> Windshield Cleaned |
| <input type="checkbox"/> Brake Fluids | <input type="checkbox"/> Hoses |
| <input type="checkbox"/> Drain Air Tanks | <input type="checkbox"/> Coolant/Antifreeze |
| <input type="checkbox"/> Oil Leaks | |

Comments _____

Tires

- | |
|--|
| <input type="checkbox"/> Front Left PSI _____ |
| <input type="checkbox"/> Rear Left PSI _____ |
| <input type="checkbox"/> Front Right PSI _____ |
| <input type="checkbox"/> Rear Right PSI _____ |
| <input type="checkbox"/> Tire Condition _____ |

Comments _____

Driving Status of Vehicle

- | |
|---|
| <input type="checkbox"/> Properly Starts |
| <input type="checkbox"/> Brakes |
| <input type="checkbox"/> Handles Properly |

Comments _____

- | |
|--|
| <input type="checkbox"/> Battery Check |
|--|

Comments _____

Lights Warning Equipment

- | | |
|--|--|
| <input type="checkbox"/> Headlights | <input type="checkbox"/> Tail Lights |
| <input type="checkbox"/> Flashers | <input type="checkbox"/> Turn Signals |
| <input type="checkbox"/> Marker Lights | <input type="checkbox"/> Intersection Lights |
| <input type="checkbox"/> Stop Lights | <input type="checkbox"/> Backup Lights |
| <input type="checkbox"/> Wig Wags | <input type="checkbox"/> Scene Lights |
| <input type="checkbox"/> Work Lights | |

Comments _____

Loose Equipment

- Nozzles
- Oil Air chisel
- Fans
- Hose
- Appliances
- Natural Cover Equipment
- Forcible Entry Tools
- Hand-lights
- Oil/Fuel
- Generator
- Extinguishers
- Tarps

Comments _____

Pump/Water Level

- Operate Pump
- Booster Tank Full
- Pressure Gauges
- Primer Oil Level
- Operate Valves
- Operate Relief Valves
- 35° F Drain Pump

Comments _____

- Tank Pressure
- Straps
- Mask
- Pass Alarms
- LED Readouts
- Last Flow Test Date _____

Comments _____

Medical

- Med bag
- O2
- Backboards
- C-Collar Bags

Comments _____

Inspectors _____

SCBA