**Check This Box For Weekly Check-Out**

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| **evised 11/15**  |
| Verification Key: X = **Okay;** A = **Adjustments made**; N = **Needs Repair;** M = **Missing Part/Item** All “**N” or “M”** verification require Immediate attention or Service Request Form completed for resolution |
| **Date: Unit #: U** |  |  **Radio ID: Millage:** |
| **Items** | **Verified** | **Comments** |
|  **Power Equipment** |  |  |
|  Chain Saw **~~(start everyday)~~** |  |  |
|  Winch **(operate on even days)** |  |  |
|  **Fire Equipment** |  |  |
|  Inspect Fire Extinguishers |  |  Which If Any Extinguishers Need Service: |
|  Inspect and Count Fire Shelters |  |  Number Of Shelters: |
|  Hand Tools (**including handles: clean, sharp, painted)** |  |   |
|  Nozzles **(bails and nozzles exercised)** |  |  |
|  Hose Packs ,Supply, Front Attack Line  |  |  |
|  Tool Box  |  |  Inventory On Odd Days: |
|  Head Lamps (operational) |  |  Out Of Service Tag Completed With: Date, App. # And Defect)  |
|  T-Cards, Pens, Map Books |  |  County: City:  |
|  Compartment Lights (with battery on) |  |  All Operational: Compartment With Defect |
|  Drip Torch (if applicable) |  |  |
|  Rehab Water |  |  |
|  Exterior Clean |  |  |
|  Compartments (Clean & Organized |  |  |
|  Cab Blown Out or Swept Out |  |  |
|  Windows Cleaned |  |  |
|  Entire Apparatus Inventory To be  Performed every 3,11,19,27 of Each Month, in  addition to after Incidents |  |  |

*Please Add Any Comments About Found Defects Or Any Other Issues:*

By Placing My Name Below, I Verify that the following Apparatus was checked out according to the Cordelia Fire Protection District Apparatus Maintenance Schedule and have self-certified all equipment is has been checked for any deficiencies and that any deficiencies found have been noted on this Firefighter Daily Apparatus Checkout Form.

 Company Officer: Date:

 Driver/Operator: Date:

 Firefighter #1: Date:

 Firefighter #2: Date: