**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: