|  |  |  |
| --- | --- | --- |
|  |  | |
| 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 #:** |  | **Unit Id: Mileage:** | |  |  |
| **Items** | **Verified** | **Comments** | |  |  |
| |  | | --- | | **Engine Compartment** | |  |  | |  |  |
| Engine Oil Level |  |  | |  |  |
| Power Steering Oil Level |  |  | |  |  |
| |  | | --- | | Coolant Level | |  |  | |  |  |
| Transmission Oil Level |  |  | |  |  |
| Batteries **(If Maintenance Free Then Clean Off, Add Sterile**  **Water For Distilled)** |  |  | |  |  |
| Brake Fluid: |  |  | |  |  |
| |  | | --- | | Air Filter **(On Monthly)** | |  |  | |  |  |
| Belts & Hoses **(F,T,E)**  **(** |  |  | |  |  |
| Engine Oil Level |  |  | |  |  |
| Power Steering Oil Level |  |  | |  |  |
| **Exterior** |  |  | |  |  |
| Wheels, Lug Nuts, Valve Stems |  |  | |  |  |
| Tires **(Inflation, Condition, Depth)** |  |  | |  |  |
| Brakes **(Rotors, Pads, Drum Linings)** |  |  | |  |  |
| Shocks **(Leaking or Damaged)**  ) |  |  | |  |  |
| Wheels, Lug Nuts, Valve Stems |  |  | |  |  |
| Headlights **(High and Low Beam**) |  |  | |  |  |
| Taillights **(Brake, Reverse, License Plate)** |  |  | |  |  |
| 4-way Hazard Lights |  |  | |  |  |
| Wipers **(Cracked or Frayed)** |  |  | |  |  |
| Light Bar **(Including Scene Lights)** |  |  | |  |  |
| Traffic Directional Stick |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| **Misc. Equipment** |  |  | |  |  |
| Inspect Fire Extinguishers |  | **Which If Any Extinguishers Need Service:** | |  |  |
| Run Chainsaw min. 5 minutes w/brake off |  |  | |  |  |
| Spare chain, bar oil, and fuel |  |  | |  |  |
| Winch **(operate on odd days)** |  |  | |  |  |
| Inspect and Count Fire Shelters |  | **Number Of Shelters (3 min.):** | |  |  |
| Inspect Hand tools **(Clean, sharpen, painted)** |  |  | |  |  |
| Hose Packs, Supply, Front Bumper Line |  |  | |  |  |
| Headlamps **(Operational)** |  |  | |  |  |
| Tool Box **(no inventory for Chief Vehicles)** |  | **Inventory On Odd Days:** | |  |  |
| T-Cards, Pens, Map Books |  | **County: City:** | |  |  |
| Compartment Lights **(with battery on)** |  | **All Operational: Compartment With Defect** | |  |  |
| Compartments (**Clean & Organized)** |  |  | |  |  |
| Drip Torch |  |  | |  |  |
| |  | | --- | | Rehab Water | | Cab Blown Out or Swept Out | |  |  | |  |  |
| Cab Blown Out or Swept Out |  |  | |  |  |
| |  | | --- | | Exterior Clean | | Cab Blown Out or Swept Out | |  |  | |  |  |

|  |  |  |
| --- | --- | --- |
| **Item** | **Verified** | **Comments** |
| |  | | --- | | **Pump Engine** | |  |  |
| Water Tank Full |  |  |
| Foam Tank Full |  |  |
| |  | | --- | | Engine Oil Level | |  |  |
| Coolant Level |  |  |
| Air Filter |  |  |
| Panel Gauges Operational |  |  |
| |  | | --- | | Pump Panel Lights Operational | |  |  |
| Belts & Hoses **(F,T,E)**  **(** |  |  |
| Primer Operational |  |  |
| All Valves Exercised |  |  |
| Pump Operated for 5-10 minutes |  |  |

***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 that all equipment 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:**