|  |  |
| --- | --- |
|  |  |
| 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:**