|  |  |  |
| --- | --- | --- |
| **Check This Box For Weekly Check-Out** |  | |
| 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 |  |  | |  |  |
| Compartment Lights **(with battery on)** |  | **All Operational:** | |  |  |
| Compartments (**Clean & Organized)** |  |  | |  |  |
| Interior Blown Out and Clean |  |  | |  |  |
| Exterior Clean |  |  | |  |  |
|  |  |  | |  |  |
| **SCBA (If Applicable, If Not Write N/A Here )** |  | |  | | --- | | **Verify all cylinders > 25000 PSI** | | |  |  |
| Inspect SCBAs, Harness, Masks | **SCBA 1:** | **SCBA 2: SCBA 3:** | |  |  |
| SCBA | **SCBA 1:** | **SCBA 2: SCBA 3:** | |  |  |
| Harness | **SCBA 1:** | **SCBA 2: SCBA 3:** | |  |  |
| Mask | **SCBA 1:** | **SCBA 2: SCBA 3:** | |  |  |
| Inspect and Test PASS | **SCBA 1:** | **SCBA 2: SCBA 3:** | |  |  |
| Inspect SCBAs, Harness, Masks | **SCBA 1:** | **SCBA 2: SCBA 3:** | |  |  |
|  |  |  | |  |  |
| **Misc. Equipment** |  |  | |  |  |
| Inspect Fire Extinguishers |  | **Which If Any Extinguishers Need Service:** | |  |  |
| Inspect and Count Fire Shelters |  | **Number Of Shelters (3 min.):** | |  |  |
| Tool Box **(no inventory for Chief Vehicles)** |  | **Inventory On Odd Days:** | |  |  |
| T-Cards, Pens, Map Books |  | **County: City:** | |  |  |
| Rehab Water |  |  | |  |  |
| Safety Vests **(2 min)** |  |  | |  |  |

*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:**