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