|  |  |
| --- | --- |
|  **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 ID**:U |  |  **Radio ID: Mileage:** |  |  |
|  **Items** |  **Verified** |  **Comments** |  |  |
|

|  |
| --- |
|  **Fire Equipment** |

 |  |  |  |  |
|  Inspect Fire Extinguishers |  |  **Which If Any Extinguishers Need Service:** |  |  |
|  Inspect and Count Fire Shelters |  |  **Number Of Shelters (3 min.):** |  |  |
|  Nozzles **(bails and nozzles exercised)** |  |  |  |  |
|

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| --- |
|  Hose Packs ,Supply, Front Attack Line  |

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| --- |
|  Tool Box  |

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|  **Inventory On Odd Days:** |

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|  |  |  |  |  |
|  **SCBA** |  |

|  |
| --- |
|  **Verify all cylinders > 25000 PSI** |

 |  |  |
|  Inspect SCBAs, Harness, Masks | Capt.: D/O:  |  FF:  |  |  |
|  SCBA | Capt.: D/O:  |  FF:  |  |  |
|  Harness | Capt.: D/O:  |  FF:  |  |  |
|  Mask | Capt.: D/O:  |  FF:  |  |  |
|  Inspect and Test PASS | Capt.: D/O:  |  FF:  |  |  |
|  Inspect SCBAs, Harness, Masks | Capt.: D/O:  |  FF:  |  |  |
|  **MISC.** |  |  |  |  |
|  Head Lamps **(operational)** |  |

|  |
| --- |
|  **Out Of Service Tag Completed With: Date, App. # And Defect)**  |

 |  |  |
|  T-Cards, Pens, Map Books |  |  **County: City:**  |  |  |
|  Safety Vests **(2 min.)** |  |  |  |  |
|  Compartment Lights (**with battery on)** |  |  **All Operational:**  |  |  |
|  Compartments **(Clean & Organized)** |  |  |  |  |
|  Exterior Clean |  |  |  |  |
|

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| --- |
|  Rehab Water |
|  Cab Blown Out or Swept Out |

 |  |  |  |  |
|

|  |
| --- |
|  Cab Blown Out or Swept Out |
|  Cab Blown Out or Swept Out |

 |  |  |  |  |
|  Windows Cleaned |  |  |  |  |
|  Entire Apparatus **(Inventory To Be**  |  |  |  |  |
|  **Performed Every 3,11,19,27 Of Each Month, In**  **Addition Too 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 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:**