|  |  |  |
| --- | --- | --- |
| **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)** |  |  | |  |  |
| |  | | --- | | Hose Packs ,Supply, Front Attack Line | |  |  | |  |  |
| |  | | --- | | Tool Box | |  | |  | | --- | | **Inventory On Odd Days:** | | |  |  |
|  |  |  | |  |  |
| **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 |  |  | |  |  |
| |  | | --- | | 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:**