

BRUSH 24 EQUIPMENT / MAINTENANCE CHECKLIST

MILEAGE: _____

DATE: _____

Cab Interior ↓

- Mobile Radio (on Channel 1)
- HandHeld Radio & headset (under driver seat)
- 2-Traffic vests
- (2) SCBA w/ masks w/voice amps attached
- Winch Remote
- Accountability Board
- Haz-Mat DOT Guidebook
- Small Bolt cutters (passenger door)
- Road Flares (5 minimum)(behind seat)
- Spare SCBA Cylinder (behind seat)
- 2-Flotation Vests
- Jumper Cables
- Fire line tape
- Insect Repellant
- EMS gloves
- (2) Chainsaw chaps (behind seat)
- A/C "Hot-stick" (behind seat)
- 4 wheel drive shifter
- (2) Lantern Flashlights
- Tow Strap (under passenger seat)
- Booster reel spanner wrenches (driver door)

Emergency Lights/Siren ↓

- Bar Light
- LED Lights
- Grill lights
- Siren

Exterior Equipment ↓

- Water tank full (visible check)
- 200ft 1" Booster Hose w/nozzle
- 100ft 1" forestry hose w/nozzle
- 2-50ft sections 1½" fire hose w/nozzle
- 1-50ft section 2½" fill hose
- 1 garden hose
- Foam Pro-Pack
- 2½ gallon safety gas can
- 2-firefighting rakes
- 2-fire flaps
- Flat Shovel
- Push Broom
- Container of Oil Dry
- Pump Controls/Valves
- Telescopic Scene-Lights
- 3 Traffic Cones w/reflective trim
- 3 Traffic Cones w/o reflective trim
- EMS bag w/Oxygen Bottle (in compartment)
- Axe (tailgate)
- Halligan Tool (driver side)
- ABC fire extinguisher
- (2) Collapsible "Indian-Packs"
- 1½" to 1" reducer (on pump)
- Hydrant wrench w/spanner set

Preventive Maintenance

	<u>ok</u>	<u>needs repair</u>
Engine Oil	<input type="checkbox"/>	<input type="checkbox"/>
Coolant level	<input type="checkbox"/>	<input type="checkbox"/>
Brake fluid	<input type="checkbox"/>	<input type="checkbox"/>
Transmission fluid	<input type="checkbox"/>	<input type="checkbox"/>
Belt tension	<input type="checkbox"/>	<input type="checkbox"/>
Battery connections	<input type="checkbox"/>	<input type="checkbox"/>
Power steering fluid	<input type="checkbox"/>	<input type="checkbox"/>
Air filter	<input type="checkbox"/>	<input type="checkbox"/>
Tire pressure	<input type="checkbox"/>	<input type="checkbox"/>
Headlights	<input type="checkbox"/>	<input type="checkbox"/>
Brake lights	<input type="checkbox"/>	<input type="checkbox"/>
Turn signals	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>
Buck-up alarm	<input type="checkbox"/>	<input type="checkbox"/>
Fuel level >3/4	<input type="checkbox"/>	<input type="checkbox"/>
Starter	<input type="checkbox"/>	<input type="checkbox"/>
Road test >5 miles	<input type="checkbox"/>	<input type="checkbox"/>

NOTES:

Repairs Performed

1. _____

By: _____ DATE: _____

2. _____

By: _____ DATE: _____

3. _____

By: _____ DATE: _____

4. _____

By: _____ DATE: _____

*** Latest Form Update: 11/10/08 ***

Operator: _____

Officer: _____