



FIRE DEPARTMENT EVALUATION

SERVICE TRUCK

DATE: _____

FDID: _____

FIRE DEPT: _____

COUNTY: _____

CURRENT MOTOR VEHICLE INSPECTION STICKER: YES NO EXPIRATION DATE: _____

MAKE: _____ MODEL: _____

YEAR: _____ EVP#: _____ LICENSE: _____

VIN: _____ UNIT: _____

RADIO: YES NO N/A FUEL: DIESEL GASOLINE

GENERATOR: YES NO N/A WATTS: _____

TYPE: HYDRAULIC GASOLINE DIESEL PTO OTHER

LIGHT PLANT: YES NO N/A WATTS: _____

REQUIRED EQUIPMENT:

TWO PORTABLE HAND LIGHTS MOUNTED IN BRACKETS FASTENED TO THE APPARATUS	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE APPROVED DRY CHEMICAL PORTABLE FIRE EXTINGUISHER WITH A MINIMUM 80-B:C RATING MOUNTED IN A BRACKET FASTENED TO THE APPARATUS	(1) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE FIRST AID KIT	(1) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO OR MORE WHEEL CHOCKS, MOUNTED IN READILY ACCESSIBLE LOCATIONS, THAT TOGETHER WILL HOLD THE APPARATUS, WHEN LOADED TO ITS GVWR OR GCWR, ON A HARD SURFACE WITH A 20 PERCENT GRADE WITH THE TRANSMISSION IN NEUTRAL AND THE PARKING BRAKE RELEASED	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE SELF-CONTAINED BREATHING APPARATUS (SCBA) COMPLYING WITH NFPA 1981, FOR EACH ASSIGNED SEATING POSITION, MOUNTED IN BRACKETS FASTENED TO THE APPARATUS OR STORED IN CONTAINERS SUPPLIED BY THE SCBA MANUFACTURER	(1) MIN., ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE SPARE SCBA CYLINDER FOR EACH SCBA CARRIED, EACH MOUNTED IN A BRACKET FASTENED TO THE APPARATUS OR STORED IN A SPECIALLY DESIGNED STORAGE SPACE	(1) MIN., ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE TRAFFIC VEST FOR EACH SEATING POSITION, EACH VEST TO COMPLY WITH ANSI/ISEA 207, STANDARD FOR HIGH-VISIBILITY PUBLIC SAFETY VESTS, AND HAVE A FIVE-POINT BREAKAWAY FEATURE THAT INCLUDES TWO AT THE SHOULDERS, TWO AT THE SIDES, AND ONE AT THE FRONT	MIN. OF ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS: