



# FIRE DEPARTMENT EVALUATION

## MINI PUMPER/INITIAL ATTACK UNIT

DATE: \_\_\_\_\_

FDID: \_\_\_\_\_

<b>FIRE DEPT:</b> _____		<b>COUNTY:</b> _____	
<b>CURRENT MOTOR VEHICLE INSPECTION STICKER:</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<b>EXP. DATE:</b> _____	
<b>MAKE:</b> _____		<b>MODEL:</b> _____	
<b>YEAR:</b> _____	<b>EVP#:</b> _____	<b>LICENSE:</b> _____	
<b>VIN:</b> _____		<b>UNIT #:</b> _____	
<b>RADIO:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<b>FUEL:</b>	<input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE
<b>PUMP:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<b>SIZE:</b> _____	
<b>BOOSTER TANK:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<b>SIZE:</b> _____	
<b>DATE OF MOST RECENT PUMP TEST:</b> _____		<b>DATE OF MOST RECENT AERIAL TEST:</b> _____	
<b>GENERATOR:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<b>WATTS:</b> _____	
<b>TYPE:</b>	<input type="checkbox"/> HYDRAULIC <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> PTO	<input type="checkbox"/> OTHER
<b>LIGHT PLANT:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<b>WATTS:</b> _____	
<b>DECK GUN:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	(MINIMUM 1,000 GPM)	

REQUIRED EQUIPMENT:		
300 FEET MINIMUM OF 2 1/2 IN. OR LARGER SUPPLY HOSE	(300 ft.) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
400 FEET MINIMUM OF 1 1/2 IN. TO 2 IN. ATTACK	(400 ft.) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO HANDLINE NOZZLES, 95 GPM (360 L/MIN) MINIMUM	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO PORTABLE HAND LIGHTS MOUNTED IN BRACKETS FASTENED TO THE APPARATUS	(2)	<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)	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE FIRST AID KIT	(1)	<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:**