



PAID FIRE DEPARTMENT EVALUATION

AERIAL

DATE: _____

FDID: _____

FIRE DEPT: _____

COUNTY: _____

APPARATUS:

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: _____

YES NO

FUEL: _____

DIESEL

GASOLINE

PUMP: _____

YES NO

SIZE: _____

(750 GPM MIN)

BOOSTER TANK: _____

YES NO

SIZE: _____

(300 GAL MIN)

FOAM: _____

PROPORTIONED

YES NO

TANK SIZE: _____

FOAM: _____

PRO PAK

YES NO

GALLONS: _____

LAST PUMP TEST:

HARD SUCTION HOSE

YES NO

FT.

(20 FT MIN)

OR

SOFT SUCTION HOSE

YES NO

FT.

(15 FT MIN)

SUPPLY HOSE (800' MIN OF 2 1/2" OR LARGER):

SIZE: _____

AMOUNT: _____

FT

SIZE: _____

AMOUNT: _____

FT

ATTACK HOSE (400' MIN OF 1 1/2" TO 2"):

SIZE: _____

AMOUNT: _____

FT

SIZE: _____

AMOUNT: _____

FT

GENERATOR: _____

YES NO

WATTS: _____

TYPE: _____

HYDRAULIC

GASOLINE

DIESEL

PTO

LIGHT PLANT: _____

YES NO

WATTS: _____

DECK GUN: _____

YES NO (1,000 GPM MIN.)

AERIAL LENGTH: _____

FT

DATE OF LADDER CERTIFICATION: _____

Ground ladders (115 ft. minimum combined)2 Straight Ladders w/ Roof Hooks Yes No2 Extension Ladders Yes No1 Attic Ladder Yes No**Nozzles:**Min. of 1 Combo Spray 200 gpm>; 2 Combo Spray 95 gpm>; 1 Play pipe w/ Tips Yes No

Specifics:

Minor Equipment:			
6 # FLATHEAD AXE	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6 # PICKHEAD AXE	(3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6 FT OR GREATER PIKE POLE	(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3 FT – 4 FT PLASTER HOOKS W/ D HANDLES	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CROWBARS MOUNTED	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12 # SLEDGEHAMMERS MOUNTED	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CLAW TOOLS MOUNTED	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BOLT CUTTERS (24 IN. MIN) MOUNTED	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SCOOP SHOVELS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HANDLIGHTS MOUNTED	(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DRY CHEMICAL EXTINGUISHER MIN. 80 B:C	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2 ½ GALLON WATER EXTINGUISHER MOUNTED	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SCBA	(4) OR ONE FOR EACH SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SCBA SPARE CYLINDERS	(4) OR ONE FOR EACH SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FIRST AID KIT	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMBINATION SPANNER WRENCHES	(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SALVAGE COVERS 12 X 18	(6)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LADDER BELTS	(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
150' LIGHT USE LIFE SAFETY ROPE	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
150' GENERAL USE LIFE SAFETY ROPE	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
150' UTILITY ROPE W/ BREAKING STRENGTH OF A MIN. OF 5,000 LBS.	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHEEL CHOCKS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AED	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

TRAFFIC VEST	ONE FOR EACH SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TOOLBOX CONTAINING: 1 – HACKSAW 1 – KEYHOLE SAW 1 – 12 IN PIPE WRENCH 1 – BALLPEN HAMMER 1 – PAIR OF TIN SNIPES 1 – PAIR OF PLIERS ASSORTMENT OF SCREWDRIVERS, ADJUSTABLE WRENCHES AND COMBINATION WRENCHES	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF FIRE PUMP INSTALLED:			
HYDRANT WRENCHES	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOUBLE MALE 2 ½ ADAPTERS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOUBLE FEMALE 2 ½ ADAPTERS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RUBBER MALLET	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Intake valves 3.5 or greater shall be supplied with a pressure relief valve		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signs shall be placed to warn the pump operator of electrocution hazards		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provisions shall be made to ensure the pump operator is not contact with the ground		<input type="checkbox"/> YES	<input type="checkbox"/> NO

MEMO: