



FIRE DEPARTMENT EVALUATION

ENGINE/PUMPER

DATE: _____

FDID: _____

FIRE DEPT: _____

COUNTY: _____

APPARATUS: _____ MOTOR VEHICLE INSPECTION STICKER: YES NO

MAKE: _____ MODEL: _____

YEAR: _____ EVP#: _____ LICENSE: _____

VIN: _____ UNIT #: _____

RADIO: YES NO FUEL: DIESEL GASOLINE

PUMP: YES NO SIZE: _____

BOOSTER TANK: YES NO SIZE: _____

LAST PUMP TEST: _____

LADDERS: 14' STRAIGHT: YES NO 24' EXTENSION: YES NO

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 OTHER

±LIGHT PLANT: YES NO WATTS: _____

±DECK GUN: YES NO (1,000 GPM MIN.)

± = Item not required, Informational purposes only.

NOZZLES:

SUFFICIENT # OF NOZZLES: YES NO # OF NOZZLES: _____

REQUIRED EQUIPMENT:

FLATHEAD AXE	(1)	YES	NO
PICKHEAD AXE	(1)	YES	NO
PIKE POLES OR EQUIVALENT	(2)	YES	NO
HANDLIGHTS	(2)	YES	NO
DRY CHEMICAL EXTINGUISHER	(1)	YES	NO
SCBA	ONE FOR EACH SEAT	YES	NO
SCBA SPARE CYLINDERS	ONE FOR EACH SEAT	YES	NO
FIRST AID KIT	(1)	YES	NO
WHEEL CHOCKS	(2)	YES	NO
TRAFFIC VEST	ONE FOR EACH SEAT	YES	NO

MEMO:

± = Item not required, Informational purposes only.