



FIRE DEPARTMENT EVALUATION

MINI 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: _____

SUPPLY HOSE (300' MIN OF 2 ½" OR LARGER):

SIZE: _____ AMOUNT: _____ FT SIZE: _____ AMOUNT: _____ FT

ATTACK HOSE (400' MIN OF 1 ½" 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: _____

***MINOR EQUIPMENT:**

| | | | |
|---------------------------|-------------------|------------------------------|-----------------------------|
| HANDLIGHTS | (2) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DRY CHEMICAL EXTINGUISHER | (1) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| SCBA | ONE FOR EACH SEAT | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| SCBA SPARE CYLINDERS | ONE FOR EACH SEAT | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| FIRST AID KIT | (1) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| WHEEL CHOCKS | (2) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| TRAFFIC VEST | ONE FOR EACH SEAT | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

MEMO:

Large empty rectangular area for entering a memo.

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