



FIRE DEPARTMENT EVALUATION

QUINT

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: _____

AERIAL LENGTH: _____ FT LAST AERIAL TEST: _____

SUPPLY HOSE (300' 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:

HANDLIGHTS MOUNTED	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DRY CHEMICAL EXTINGUISHER MIN. 80 B:C	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SCBA	ONE FOR EACH SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SCBA SPARE CYLINDERS	ONE FOR EACH SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FIRST AID KIT	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LADDER BELTS	(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHEEL CHOCKS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TRAFFIC VEST	ONE FOR EACH SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO

MEMO:

± = Item not required, Informational purposes only.