



FIRE DEPARTMENT EVALUATION

SERVICE TRUCK

DATE: _____

FDID: _____

FIRE DEPT: _____

COUNTY: _____

APPARATUS:

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: YES NO

FUEL: DIESEL GASOLINE

±GENERATOR: YES NO

WATTS: _____

TYPE: HYDRAULIC GASOLINE DIESEL PTO OTHER

±LIGHT PLANT: YES NO

WATTS: _____

± = Item not required, Informational purposes only.

MINOR EQUIPMENT:

HANDLIGHTS	(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
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.