



FIRE DEPARTMENT EVALUATION TANKER

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 (200' 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: _____

REQUIRED EQUIPMENT:

HANDLIGHTS	(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO
DRY CHEMICAL EXTINGUISHER	(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:

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