



WV State Fire Marshal's Office

Fire Department Evaluation

DATE: _____ INSPECTOR: _____

FIRE DEPARTMENT

NAME: _____ FDID: _____

ADDRESS: _____

MAILING ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TYPE: VOLUNTEER PART-PAID PAID PHONE: _____ FAX: _____

GPS: LON: _____ LAT: _____ ISO RATING: _____ LAST EVALUATION: _____

INSURANCE: _____ LOCAL AGENT: _____

DEPARTMENT CHIEF

NAME: _____

ADDRESS: _____

MAILING ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: _____ EMAIL: _____ @ _____

DEPARTMENT PRESIDENT

NAME: _____

ADDRESS: _____

MAILING ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: _____ EMAIL: _____ @ _____

ORGANIZATION

ON FILE: ART. INCORP. BY-LAWS FIRE DISTRICT MUTUAL AID AGREEMENTS APP. MAINT. RECORDS

MEETINGS: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

EVERY WEEK EVERY TWO WEEKS OTHER TIME OF MEETING: _____

NOTIFICATION: PAGER PHONE RADIO SIREN OTHER

COMPLIANCE

ADEQUATE HOUSING FOR APPARATUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:
NFIRS COMPLIANT	<input type="checkbox"/> YES <input type="checkbox"/> NO	EVP COMPLIANT <input type="checkbox"/> YES <input type="checkbox"/> NO
PASS DEVICE COMPLIANT	<input type="checkbox"/> YES <input type="checkbox"/> NO	ANNUAL FIRE PUMP TEST <input type="checkbox"/> YES <input type="checkbox"/> NO
SCBA REPAIR CONTRACT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:
PPE COMPLIANT	<input type="checkbox"/> YES <input type="checkbox"/> NO	ANSI COMPLIANT TRAFFIC VESTS <input type="checkbox"/> YES <input type="checkbox"/> NO
ANNUAL HOSE TEST	<input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:
WORKERS COMPENSATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:

MEMBERSHIP

NUMBER OF ACTIVE MEMBERS:

ACTIVE MEMBERS W. LEVEL 1	NUMBER:	PERCENTAGE OF TOTAL:	%
ACTIVE MEMBERS W. LEVEL 2	NUMBER:	PERCENTAGE OF TOTAL:	%
ACTIVE MEMBERS W. HAZMAT	NUMBER:	PERCENTAGE OF TOTAL:	%
ACTIVE MEMBERS W. FIRST AID/CPR	NUMBER:	PERCENTAGE OF TOTAL:	%
ALL OFFICERS FIRE OFFICER 1	<input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER:	PERCENTAGE OF TOTAL: %
ALL CHIEF OFFICERS FIRE OFFICER 2	<input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER:	PERCENTAGE OF TOTAL: %
IS THIS DEPARTMENT NIMS COMPLIANT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER:	PERCENTAGE OF TOTAL: %

NARRATIVE



FIRE DEPARTMENT EVALUATION

ENGINE/PUMPER

DATE: _____

FDID: _____

FIRE DEPT: _____

COUNTY: _____

APPARATUS:

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: _____

YES NO

FUEL: _____

DIESEL

GASOLINE

PUMP: _____

YES NO

SIZE: _____

(750 GPM MIN)

BOOSTER TANK: _____

YES NO

SIZE: _____

(300 GAL MIN)

FOAM: _____

PROPORTIONED

YES NO

TANK SIZE: _____

FOAM: _____

PRO PAK

YES NO

GALLONS: _____

LAST PUMP TEST:

LADDERS: STRAIGHT W/ ROOF HOOKS: YES NO

EXTENSION: YES NO

ATTIC: YES NO

HARD SUCTION HOSE

YES NO

FT.

(20 FT MIN)

OR

SOFT SUCTION HOSE

YES NO

FT.

(15 FT MIN)

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

LIGHT PLANT: _____

YES NO

WATTS: _____

DECK GUN: _____

YES NO (1,000 GPM MIN.)

NOZZLES:

MIN. OF 1 COMBO SPRAY 200 GPM>

 YES NO

2 COMBO SPRAY 95 GPM>

 YES NO

1 PLAYPIPE W. TIPS

 YES NO**MINOR EQUIPMENT:**

6# FLATHEAD AXE

(1)

 YES NO

6# PICKHEAD AXE

(1)

 YES NO

6 FT PIKE POLE OR PLASTER HOOK

(1)

 YES NO

8 FT PIKE POLE OR PLASTER HOOK

(1)

 YES NO

HANDLIGHTS

(2)

 YES NO

DRY CHEMICAL EXTINGUISHER MIN. 80 B:C

(1)

 YES NO

2 ½ GALLON WATER EXTINGUISHER

(1)

 YES NO

SCBA

(4) OR ONE FOR EACH SEAT

 YES NO

SCBA SPARE CYLINDERS

(4) OR ONE FOR EACH SEAT

 YES NO

FIRST AID KIT

(1)

 YES NO

COMBINATION SPANNER WRENCHES

(4)

 YES NO

HYDRANT WRENCHES

(2)

 YES NO

DOUBLE MALE 2 ½ ADAPTERS

(2)

 YES NO

DOUBLE FEMALE 2 ½ ADAPTERS

(2)

 YES NO

RUBBER Mallet

(1)

 YES NO

SALVAGE COVERS

(2)

 YES NO

WHEEL CHOCKS

(2)

 YES NO

INTAKE VALVES 3.5" OR GREATER SHALL BE SUPPLIED WITH A PRESSURE RELIEF VALVE

 YES NO**MEMO:**

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FIRE DEPARTMENT EVALUATION

TANKER

DATE: _____

FDID: _____

FIRE DEPT: _____

COUNTY: _____

APPARATUS:

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: _____

YES NO

FUEL: _____

DIESEL

GASOLINE

PUMP: _____

YES NO

SIZE: _____

BOOSTER TANK: _____

YES NO

SIZE: _____

(1000 GAL MIN)

LAST PUMP TEST:

HARD SUCTION HOSE _____

YES NO

FT. _____

(20 FT MIN) IF PROVIDED WITH FIRE PUMP

OR

SOFT SUCTION HOSE _____

YES NO

FT. _____

(15 FT MIN) IF PROVIDED WITH FIRE PUMP

SUPPLY HOSE (200' 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

LIGHT PLANT: _____

YES NO

WATTS: _____

DECK GUN: _____

YES NO (1,000 GPM MIN.)

NOZZLES:

MIN. OF 2 COMBO SPRAY 95 GPM >

YES

NO

MINOR EQUIPMENT:

6# FLATHEAD AXE OR 6# PICKHEAD AXE	(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
6 FT PIKE POLE OR PLASTER HOOK	(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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
2 ½ GALLON WATER EXTINGUISHER	(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
SCBA	(2) OR ONE FOR EACH SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
SCBA SPARE CYLINDERS	(2) OR ONE FOR EACH SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST AID KIT	(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMBINATION SPANNER WRENCHES	(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HYDRANT WRENCHES	(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOUBLE MALE 2 ½ ADAPTERS	(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOUBLE FEMALE 2 ½ ADAPTERS	(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
RUBBER MALLET	(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHEEL CHOCKS	(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO

MEMO:

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FIRE DEPARTMENT EVALUATION

SERVICE TRUCK

DATE: _____

FDID: _____

FIRE DEPT: _____

COUNTY: _____

APPARATUS:

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: YES NO

FUEL: DIESEL GASOLINE

PUMP INSTALLED: YES NO (OPTIONAL)

PUMP SIZE: _____

HARD SUCTION HOSE YES NO FT. _____

(20 FT MIN)

OR

SOFT SUCTION HOSE YES NO FT. _____

(15 FT MIN)

LAST PUMP TEST: _____

GENERATOR: YES NO

WATTS: _____

TYPE: HYDRAULIC

GASOLINE

DIESEL

PTO

LIGHT PLANT: YES NO

WATTS: _____

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
2 ½ GALLON WATER EXTINGUISHER	(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
SCBA	(2) OR ONE FOR EACH SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
SCBA SPARE CYLINDERS	(2) OR 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

MEMO:



FIRE DEPARTMENT EVALUATION

AERIAL

DATE: _____

FDID: _____

FIRE DEPT: _____

COUNTY: _____

APPARATUS:

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: _____

YES NO

FUEL: _____

DIESEL

GASOLINE

PUMP: _____

YES NO

SIZE: _____

(750 GPM MIN)

BOOSTER TANK: _____

YES NO

SIZE: _____

(300 GAL MIN)

FOAM: _____

PROPORTIONED

YES NO

TANK SIZE: _____

FOAM: _____

PRO PAK

YES NO

GALLONS: _____

LAST PUMP TEST:

HARD SUCTION HOSE

YES NO

FT.

(20 FT MIN)

OR

SOFT SUCTION HOSE

YES NO

FT.

(15 FT MIN)

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

LIGHT PLANT: _____

YES NO

WATTS: _____

DECK GUN: _____

YES NO (1,000 GPM MIN.)

AERIAL LENGTH: _____

FT

DATE OF LADDER CERTIFICATION: _____

Ground ladders (115 ft. minimum combined)

2 Straight Ladders w/ Roof Hooks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 Extension Ladders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1 Attic Ladder	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Nozzles:

Min. of 1 Combo Spray 200 gpm>; 2 Combo Spray 95 gpm>; 1 Play pipe w/ Tips Yes No

Specifics:

Minor Equipment:			
6 # FLATHEAD AXE	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6 # PICKHEAD AXE	(3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6 FT OR GREATER PIKE POLE	(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3 FT – 4 FT PLASTER HOOKS W/ D HANDLES	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CROWBARS MOUNTED	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12 # SLEDGEHAMMERS MOUNTED	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CLAW TOOLS MOUNTED	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BOLT CUTTERS (24 IN. MIN) MOUNTED	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SCOOP SHOVELS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HANDLIGHTS MOUNTED	(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DRY CHEMICAL EXTINGUISHER MIN. 80 B:C	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2 ½ GALLON WATER EXTINGUISHER MOUNTED	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SCBA	(4) OR ONE FOR EACH SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SCBA SPARE CYLINDERS	(4) OR ONE FOR EACH SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FIRST AID KIT	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMBINATION SPANNER WRENCHES	(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SALVAGE COVERS 12 X 18	(6)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LADDER BELTS	(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
150' LIGHT USE LIFE SAFETY ROPE	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
150' GENERAL USE LIFE SAFETY ROPE	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
150' UTILITY ROPE W/ BREAKING STRENGTH OF A MIN. OF 5,000 LBS.	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHEEL CHOCKS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

TOOLBOX CONTAINING: 1 – HACKSAW 1 – KEYHOLE SAW 1 – 12 IN PIPE WRENCH 1 – BALLPEN HAMMER 1 – PAIR OF TIN SNIPES 1 – PAIR OF PLIERS ASSORTMENT OF SCREWDRIVERS, ADJUSTABLE WRENCHES AND COMBINATION WRENCHES	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF FIRE PUMP INSTALLED:

HYDRANT WRENCHES	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOUBLE MALE 2 ½ ADAPTERS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOUBLE FEMALE 2 ½ ADAPTERS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RUBBER MALLET	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Intake valves 3.5 or greater shall be supplied with a pressure relief valve		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signs shall be placed to warn the pump operator of electrocution hazards		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provisions shall be made to ensure the pump operator is not contact with the ground		<input type="checkbox"/> YES	<input type="checkbox"/> NO

MEMO:



FIRE DEPARTMENT EVALUATION

MINI PUMPER

DATE: _____

FDID: _____

FIRE DEPT: _____

COUNTY: _____

APPARATUS:

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: YES NO

FUEL: DIESEL GASOLINE

PUMP: YES NO SIZE: (250 GPM MIN)

BOOSTER TANK: YES NO SIZE: (200 GAL MIN)

FOAM: *PROPORTIONED* YES NO TANK SIZE:

FOAM: *PRO PAK* YES NO GALLONS:

LAST PUMP TEST: _____

HARD SUCTION HOSE YES NO FT. (20 FT MIN)

OR

SOFT SUCTION HOSE YES NO FT. (15 FT MIN)

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

LIGHT PLANT: YES NO WATTS:

DECK GUN: YES NO (1,000 GPM MIN.)

NOZZLES:

MIN. OF 2 COMBO SPRAY 95 GPM>

 YES NO**MINOR EQUIPMENT:**

6# FLATHEAD AXE OR 6# PICKHEAD AXE	(1)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6 FT PIKE POLE OR PLASTER HOOK	(1)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HANDLIGHTS	(2)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DRY CHEMICAL EXTINGUISHER MIN. 80 B:C	(1)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2 ½ GALLON WATER EXTINGUISHER	(1)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SCBA	(4) OR ONE FOR EACH SEAT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SCBA SPARE CYLINDERS	(4) OR ONE FOR EACH SEAT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FIRST AID KIT	(1)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
COMBINATION SPANNER WRENCHES	(4)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HYDRANT WRENCHES	(2)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DOUBLE MALE 2 ½ ADAPTERS	(2)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DOUBLE FEMALE 2 ½ ADAPTERS	(2)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
RUBBER MALLET	(1)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WHEEL CHOCKS	(2)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

MEMO:



FIRE DEPARTMENT EVALUATION

QUINT

DATE: _____

FDID: _____

FIRE DEPT: _____

COUNTY: _____

APPARATUS:

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: _____

YES NO

FUEL: _____

DIESEL

GASOLINE

PUMP: _____

YES NO

SIZE: _____

(1000 GAL MIN)

BOOSTER TANK: _____

YES NO

SIZE: _____

(300 GAL MIN)

FOAM: _____

PROPORTIONED

YES NO

TANK SIZE: _____

LAST PUMP TEST:

AERIAL LENGTH: _____

FT

PERMANENT MOUNTED WATERWAY

YES

NO

DATE OF LADDER CERTIFICATION:

HARD SUCTION HOSE _____

YES NO

FT.

(20 FT MIN)

OR

SOFT SUCTION HOSE _____

YES NO

FT.

(15 FT MIN)

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

LIGHT PLANT: _____

YES NO

DECK GUN: _____

YES

NO

(1,000 GPM MIN.)

NOZZLES:

MIN. OF 1 COMBO SPRAY 200 GPM>; 2 COMBO SPRAY 95 GPM>; 1 PLAYPIPE W/ TIPS

YES

NO

SPECIFICS:

GROUND LADDERS (85 FT MINIMUM COMBINED)

(1) STRAIGHT LADDERS W/ ROOF HOOKS

YES

NO

(1) EXTENSION LADDER

YES

NO

(1) ATTIC LADDER

YES

NO

Minor Equipment:

6 # FLATHEAD AXE	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6 # PICKHEAD AXE	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6 FT PIKE POLE OR PLASTER HOOK MOUNTED	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8 FT OR GREATER PIKE POLE MOUNTED	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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
2 ½ GALLON WATER EXTINGUISHER	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SCBA	(4) OR ONE FOR EACH SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SCBA SPARE CYLINDERS	(4) OR ONE FOR EACH SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FIRST AID KIT	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMBINATION SPANNER WRENCHES	(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SALVAGE COVERS 12 X 18	(6)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LADDER BELTS	(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
150' LIGHT USE LIFE SAFETY ROPE	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
150' GENERAL USE LIFE SAFETY ROPE	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HYDRANT WRENCHES	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOUBLE MALE 2 ½ ADAPTERS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOUBLE FEMALE 2 ½ ADAPTERS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RUBBER Mallet	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHEEL CHOCKS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
INTAKE VALVES 3.5 OR GREATER SHALL BE SUPPLIED WITH A PRESSURE RELIEF VALVE		<input type="checkbox"/> YES	<input type="checkbox"/> NO
SIGNS SHALL BE PLACED TO WARN THE PUMP OPERATOR OF ELECTROCUTION HAZARDS		<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROVISIONS SHALL BE MADE TO ENSURE THE PUMP OPERATOR IS NOT IN CONTACT WITH THE GROUND		<input type="checkbox"/> YES	<input type="checkbox"/> NO

MEMO:



FIRE DEPARTMENT EVALUATION

ARFF/MOBILE FOAM

DATE: _____

FDID: _____

FIRE DEPT: _____

COUNTY: _____

APPARATUS:

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: _____

YES NO

FUEL: _____

DIESEL

GASOLINE

PUMP: _____

YES NO

SIZE: _____

(750 GPM MIN)

BOOSTER TANK: _____

YES NO

SIZE: _____

(300 GAL MIN)

FOAM: _____

PROPORTIONED

YES NO

TANK SIZE: _____

FOAM: _____

PRO PAK

YES NO

GALLONS: _____

LAST PUMP TEST:

HARD SUCTION HOSE _____

YES NO

FT. _____

(20 FT MIN)

OR

SOFT SUCTION HOSE _____

YES NO

FT. _____

(15 FT MIN)

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

LIGHT PLANT: _____

YES NO

WATTS: _____

NOZZLES:

MIN. OF 4 FOAM OR SPRAY 200 GPM>; 2 FOAM OR SPRAY 95 GPM;

YES

NO

1 PRECONNECTED DECK GUN W/ FOAM OR SPRAY NOZZLE > = 1000 GPM FLOW

YES

NO

SPECIFICS: _____

MINOR EQUIPMENT:

6# PICKHEAD AXE	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6 FT PIKE POLE OR PLASTER HOOK	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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	(4) OR ONE FOR EACH SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SCBA SPARE CYLINDERS	(4) OR ONE FOR EACH SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FIRST AID KIT	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMBINATION SPANNER WRENCHES	(4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HYDRANT WRENCHES	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOUBLE MALE 2 ½ ADAPTERS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOUBLE FEMALE 2 ½ ADAPTERS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RUBBER MALLET	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHEEL CHOCKS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

MEMO: