

Weekly Emergency Vehicle Report

Department _____

Station _____

Apparatus Number _____

Type _____

Day of the week/Date		Mon	Tues	Wed	Thu	Fri	Sat	Sun
		___	___	___	___	___	___	___
Engine Comp.	1 Radiator Coolant							
	2 Engine Oil Level							
	3 Transmission Fluid							
	4 Power Steering Fluid							
	5 Belts/Pulleys							
	6 Hoses and Hydraulic Lines							
	7 Air Filter							
	8 Batteries							
	9 Other Hydraulic Fluids							
	10 Engine (loose wires, etc.)							

In the Cab	1 Fuel Level							
	2 Odometer Reading							
	3 Brakes							
	4 Air Pressure							
	5 Battery Voltage							
	6 Check Gauges							
	7 Check Switches							
	8 Siren/Horn/Siren Brake							
	9 Steering Wheel Play							
	10 Mirrors							
	11 Panel Lights							
	12 Interior Lights							
	13 Radio							
	14 Heater/AC Controls							

Walk Around	1 General Body Condition							
	2 Suspension							
	3 Steering Linkage							
	4 Listing/Fluid Leaks							
	5 Emergency Lights							
	6 Vehicle Lights							
	7 Spot/Scene Lights							
	8 Wiper Blades/Washer Fluid							
	9 Tires (Press/Tread)							
	10 Ground Ladders							
	11 Tools/ Fixed Equipment							
	12 Start Apparatus/Monitor							
	13 Driver Initials/Badge#							

Aerial Inspection	Day of the week	Mon	Tues	Wed	Thu	Fri	Sat	Sun
	1	Hydraulic Fluid Level						
2	Hydraulic System/PTO							
3	Stabilizers and Pads							
4	Interlocks							
5	Leveling Gauges							
6	Aerial Control Stations							
7	Operate Aerial							
8	Visual Inspection							
9	Slides/Slide Blocks/Rollers							
10	Nozzle/Waterway							
11	Communication System							
12	Master Stream Controls							
13	Spot Lights/Flood Lights							
14	Lubrication							
15	Cables							
16	Pulleys							
17	Rams/Cylinders							
18	Hydraulic Hoses/Tubing							
19	Breathing Air							
20	Attached Tools/Equipment							
21	E.P.U. Operation (weekly)							

Pump Check	1	Tank Water Level						
	2	Foam Level						
	3	Primer Oil Level						
	4	Pump Transfer Case Oil Level						
	5	Intake Strainers/Anode						
	6	Relief Valve Strainer						
	7	Operate all Valves/Drains						
	8	Primer Operation						
	9	Operate Transfer Valve						
	10	Pump Operation						
	11	Relief valve/Governor Op.						
	12	LDH Bleeder						

Remarks By Person Completing Form	Date	Name