



## Cumru Township Fire Department

### Standard Monthly Equipment Check

**UNIT: BRUSH 42-1 (10-30-15)**

**MONTH/YEAR:**

LOC	EQUIPMENT DESCRIPTION	OK	DEF	ID #	NOTES
<b>INSIDE CAB FRONT</b>	1 - Portable Radio - operational				
	5 - Reflective Traffic Vests				
	ERG				
	Clipboard w/reports				
	Accountability Board & Collector Ring				
	KnoxBox Key				
	2 Survivor Lights				
	3 PASS Alarms - operational				
LOC	EQUIPMENT DESCRIPTION	OK	DEF	ID #	NOTES
<b>DRIVERSIDE</b>	1 - boxes of medical gloves				
	AED - check battery & dates on pads				
	Medical bag (per checklist)				
	Oxygen Bag - 1000 PSI+				
	3 buckets of foam				
	2 Box lights				
LOC	EQUIPMENT DESCRIPTION	OK	DEF	ID #	NOTES
<b>OFF.SIDE</b>	Honda Generator - operate and check fluids				
	Chain Saw - operate				
	Spare fuel				
	Spare bar oil				
<b>PUMP OPS</b>					
	Turn-on / run 5+ minutes				
	Check water and foam levels				
	Operate pump (water and CAFS) / refill				
	Exercise all valves/drains and nozzle bales				

**COMPLETE A MAINTENANCE REQUEST FORM FOR ANY AND ALL UNRESOLVED ISSUES AND NOTIFY THE STATION CAPTAIN.**

<b>OPS</b>				
	Fuel level 3/4+ full			
	Driving Lights			
	Interior/Compartment lighting			
	Scene Lighting			
	Siren			
	Emergency Lights			
NOTES:				
Officer Review Signature: _____				

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