

Fire Apparatus Inspection Form

Asset ID:		Inventory ID:		Fair Market Value:	
Short Description:					
Year		Manufacturer		Model	
VIN:		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N	
Mileage/Odometer:		<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____	
Long Description:					
This Apparatus is a: <input type="checkbox"/> Pumper <input type="checkbox"/> Ladder <input type="checkbox"/> Tanker <input type="checkbox"/> Rescue <input type="checkbox"/> HazMat <input type="checkbox"/> Crash <input type="checkbox"/> Other _____					
<input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs <input type="checkbox"/> Does Not Run: _____					
Engine: Manufacture: _____ Size: _____ L, V _____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Hours: _____					
This Apparatus was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours					
Engine Condition: <input type="checkbox"/> Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition					
Engine Repairs Needed: _____					
Transmission: Manufacture: _____ <input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Hours _____					
Transmission Condition: <input type="checkbox"/> Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition					
Transmission Repairs Needed: _____					
Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection					
NOTE: PUMP AND LADDER CERTIFICATIONS ARE REQUIRED FOR SOME ADVERTISING					
Ladder: Manufacture. _____ Model _____ Serial # _____					
Length _____ Last Tested ____/____/____					
Ladder Certification <input type="checkbox"/> Yes-Certification Expires ____/____/____ <input type="checkbox"/> No Certification-Expired ____/____/____					
Pump: Manufacture: _____ Model _____ Serial # _____					
Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours _____ GPM _____ Last Tested ____/____/____					
Pump Certification <input type="checkbox"/> Yes-Certification Expires ____/____/____ <input type="checkbox"/> No Certification-Expired ____/____/____					
Additional Equip: <input type="checkbox"/> Tank Size: _____ Gallons <input type="checkbox"/> Fiberglass <input type="checkbox"/> Poly <input type="checkbox"/> Metal <input type="checkbox"/> Hose (Gauge _____ Feet _____)					
# Of Intakes _____ Location/Size _____					
# Of Discharges _____ Location/Size _____					
Tire Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Low # _____ <input type="checkbox"/> Flat # _____					
Additional Features (Lights, Generators, Loose Equipment): _____					
Exterior: Color _____ Chassis _____ Body _____ Windows: <input type="checkbox"/> Not Cracked <input type="checkbox"/> Cracked _____					
Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Damage To: _____					
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have been sprayed <input type="checkbox"/> Have been removed & <input type="checkbox"/> Impressions remain <input type="checkbox"/> No impressions					
Interior: Color _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather					
Damage to Seats/Dash/Floor: _____					
Interior Equipment: _____					