

Fire Apparatus Inspection Form

Asset ID:	Inventory ID:	Fair Market Value:
Short Description: Year _____ Manufacturer _____ Model _____		
VIN: <input style="width: 150px; border: 1px solid black;" type="text"/> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N		
Mileage/Odometer: <input style="width: 100px; border: 1px solid black;" type="text"/> 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: _____		