Wintergreen Fire & Rescue Daily Assignment Check Sheet

Date: ___/___/___ Shift: ___ Station:___

Apparatus: _____

__ Exterior Clean or Cleaned
__ Cab Clean or Cleaned
__ Fuel Tank Full or Filled
__ Inspect For New Damage
__ Check Factory Lighting
__ Check Interior Lighting
__ Check Emergency Lighting / Siren
__ Check Engine Fluid Levels
__ Check Tires (Including Inside Rears)
__ Check Flashlights / Box Lights
__ Check Radios (Mobile / Portable)
__ Check Supplies (Medical or Fire)
__ Check Fixed / Portable Suction (If Applicable)
__ Cardiac Monitor / AED Checked (If Applicable)
__ AutoPulse Checked / Batteries Rotated (If Applicable)
__ Run Generator / Gas Powered Equipment (If Applicable)
__ Check Hydraulic Rescue Tool System – Portable / Electric (If Applicable)
__ Check SCBA, PASS, and Voice Amplifiers (If Applicable)
__ Complete Minimal Checks on all apparatus
__ Daily Assignments Completed

Main Oxygen Level: _____ PSI

Portable Oxygen Level: _____ PSI

Spare Oxygen Level: _____ PSI

SCBA #1: _____ PSI

SCBA #2: _____ PSI

SCBA #3: _____ PSI

SCBA #4: _____ PSI

SCBA #5: _____ PSI

SCBA # 6:_____ PSI

Spare SCBA: _____ PSI

Spare SCBA: _____ PSI

ST Box # _____ Exp. Date: ___/___/___

Spare SCBA: _____ PSI

CT Box # _____ Exp. Date: ___/___/___

Spare SCBA: _____ PSI

Other Information: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Checked By: _____Print _____Signature

_____Print _____Signature

_____Print _____Signature