

WINTERGREEN FIRE AND RESCUE DAILY ASSIGNMENT CHECK SHEET

Date: __/__/____ Shift:____ Station:____

Apparatus:_____

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Check Engine Fluid Levels | Main Oxygen Level:_____ PSI |
| <input type="checkbox"/> Cab Clean or Cleaned | Portable Oxygen Level:_____ PSI |
| <input type="checkbox"/> Fuel Tank Full or Filled | Spare Oxygen Level:_____ PSI |
| <input type="checkbox"/> Inspect for New Damage | Spare Oxygen Level:_____ PSI |
| <input type="checkbox"/> Check Factory Lighting | SCBA #1:_____ PSI |
| <input type="checkbox"/> Check Interior Lighting | SCBA #2:_____ PSI |
| <input type="checkbox"/> Check Emergency Lighting/Siren | SCBA #3:_____ PSI |
| <input type="checkbox"/> Exterior Clean or Cleaned | SCBA #4:_____ PSI |
| <input type="checkbox"/> Check Tire Pressure | SCBA #5:_____ PSI |
| <input type="checkbox"/> Check Flashlights/Box Lights | SCBA #6:_____ PSI |
| <input type="checkbox"/> Check Radios (Mobile/Portable) | Spare SCBA:_____ PSI |
| <input type="checkbox"/> Check Supplies (Medical or Fire) | Spare SCBA:_____ PSI |
| <input type="checkbox"/> Check Fixed/Portable Suction (If Applicable) | Spare SCBA:_____ PSI |
| <input type="checkbox"/> Charge Suction Unit, Maximum 4 Hours (If Applicable) | Spare SCBA:_____ PSI |
| <input type="checkbox"/> Check Cardiac Monitor/AED (If Applicable) | Spare SCBA:_____ PSI |
| <input type="checkbox"/> Run Generator/Gas Powered Equipment (If Applicable) | Spare SCBA:_____ PSI |
| <input type="checkbox"/> Check Hydraulic Extrication Tools/Pumps | Spare SCBA:_____ PSI |
| <input type="checkbox"/> Check SCBA, PASS, and Voice Amps (If Applicable) | Spare SCBA:_____ PSI |
| <input type="checkbox"/> Check Immobilization Bag seal | RIT Pack:_____ PSI |
| <input type="checkbox"/> Check Backboards (2) | Air (2000psi):_____ PSI |
| <input type="checkbox"/> Rotate Autopulse Batteries (If Applicable) | |
| <input type="checkbox"/> Check Oral Glucose Expiration Dates | |
| <input type="checkbox"/> Check ET Tubes (Pediatric & Adult) Expiration Dates | |
| <input type="checkbox"/> Check if EGR book are in front cab of Apparatus | |
| <input type="checkbox"/> Check if Binoculars are in front cab of Apparatus (If Applicable) | |

ST Box # _____ Exp. Date: __/__/__ Tag # _____

CT Box # _____ Exp. Date: __/__/__ Tag# _____

Other Information: _____

By signing below, you are affirming that you have completed thoroughly the specific task and the information is accurate to the best of your knowledge. This form will be kept on file.

Employee Signature: _____ Date: _____ - _____ - _____

Employee Signature: _____ Date: _____ - _____ - _____

Employee Signature: _____ Date: _____ - _____ - _____

Reviewed by Officer , initial: _____