

Wintergreen Fire & Rescue Daily Assignment Check Sheet

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

Apparatus: _____

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Exterior Clean or Cleaned | Main Oxygen Level: _____ PSI |
| <input type="checkbox"/> Cab Clean or Cleaned | |
| <input type="checkbox"/> Fuel Tank Full or Filled | Portable Oxygen Level: _____ PSI |
| <input type="checkbox"/> Inspect For New Damage | |
| <input type="checkbox"/> Check Factory Lighting | Spare Oxygen Level: _____ PSI |
| <input type="checkbox"/> Check Interior Lighting | |
| <input type="checkbox"/> Check Emergency Lighting / Siren | SCBA #1: _____ PSI |
| <input type="checkbox"/> Check Engine Fluid Levels | |
| <input type="checkbox"/> Check Tires | SCBA #2: _____ PSI |
| <input type="checkbox"/> Check Flashlights / Box Lights | |
| <input type="checkbox"/> Check Radios (Mobile / Portable) | SCBA #3: _____ PSI |
| <input type="checkbox"/> Check Supplies (Medical or Fire) | |
| <input type="checkbox"/> Check Fixed / Portable Suction (If Applicable) | SCBA #4: _____ PSI |
| <input type="checkbox"/> Cardiac Monitor / AED Checked (If Applicable) | |
| <input type="checkbox"/> Run Generator / Gas Powered Equipment (If Applicable) | SCBA #5: _____ PSI |
| <input type="checkbox"/> Check Amkus System – Portable / Electric (If Applicable) | |
| <input type="checkbox"/> Check SCBA, PASS, and Voice Amplifiers (If Applicable) | Spare SCBA: _____ PSI |
| | |
| ST Box # _____ Exp. Date: ___/___/___ | Spare SCBA: _____ PSI |
| | |
| CT Box # _____ Exp. Date: ___/___/___ | Spare SCBA: _____ PSI |
| | |
| RSI Pack # _____ Exp. Date: ___/___/___ | Spare SCBA: _____ PSI |

Other Information: _____

Daily Assignments Completed

Checked By: _____

