

**Weston Volunteer Fire Department**  
*Pumper/Tanker Preventative Maintenance Checklist*

Apparatus # \_\_\_\_\_  
 Date \_\_\_\_\_  
 Mileage \_\_\_\_\_  
 Engine Hrs \_\_\_\_\_  
 Pump Hrs \_\_\_\_\_  
 Generator Hrs \_\_\_\_\_

Assistant initial/date \_\_\_\_\_  
 Officer initial/date \_\_\_\_\_

**Monthly Apparatus Checklist** (check mark = check completed, if applicable)

\_\_\_\_\_ Road Test. Check function of ignition, steering, brakes, transmission, engine, suspension. Check air pressure prior to starting apparatus and insure air pressure is maintained.

\_\_\_\_\_ Pump a minimum of (1) tank of water through pump. While pumping apparatus, operate and check all discharge valves except pre-connected lines. Operate all primers and pressure relief valves.

\_\_\_\_\_ Remove and check all ladders. Clean and check all ladder brackets, hold downs, ropes, etc. Raise and climb all extension, attic and roof ladders.

\_\_\_\_\_ Check all battery operated devices. Replace and/or recharge batteries as needed.

\_\_\_\_\_ Conduct mobile and portable radio checks with Weston Communications Center.

**Bi-Monthly Apparatus Checklist** (check mark = check completed, if applicable)

- |                        |                          |                            |                           |
|------------------------|--------------------------|----------------------------|---------------------------|
| ___ Fuel Level         | ___ Cab Gauges           | ___ Emergency Lights       | ___ EMS Supplies          |
| ___ Tires/Wheels/Lugs  | ___ Batteries            | ___ Sirens/Horns           | ___ Haz-Mat Equipment     |
| ___ Oil                | ___ Wipers               | ___ Entry Tools            | ___ Haz Mat Meters        |
| ___ Coolant            | ___ Washer Fluid         | ___ Portable Extinguishers | ___ Flares                |
| ___ Transmission Fluid | ___ Belts/Hoses          | ___ Ropes                  | ___ Tool Box              |
| ___ Brake Fluid        | ___ Running Lights       | ___ On-Spot Chains         | ___ Flashlights           |
| ___ T.I.C.             | ___ Brush Fire Equipment | ___ Hand Tools             | ___ Books/Clipboard       |
| ___ Maps               | ___ Laptop Computer      | ___ Traffic Vests          | ___ Accountability Boards |

**Pumpers**

- |                        |                              |                            |                   |
|------------------------|------------------------------|----------------------------|-------------------|
| ___ Booster Tank Full  | ___ Operate Relief Valve     | ___ Portable Generator     | ___ Portable Pump |
| ___ Primer Oil         | ___ Pump & Controls          | ___ Chain Saw              | ___ Smoke Ejector |
| ___ Operate Primer     | ___ Discharge Valves/Gaskets | ___ Suction Valves/Gaskets |                   |
| ___ Pump Panel Gauges  | ___ Pump Panel Lights        | ___ Hose Loads             | ___ Nozzles       |
| ___ Fittings/Adapters  | ___ Deck Guns                | ___ Hard/Soft Suction      | ___ Sawz All      |
| ___ Hurst Tool         | ___ Lighting                 | ___ Power Cords            | ___ Traffic Cones |
| ___ Gas Cans           | ___ Salvage Cover            | ___ Wheel Chocks           | ___ Strainers     |
| ___ Floating Strainers | ___ Tick Tracer              | ___ Portable Radios        |                   |

\_\_\_ Exterior washed      \_\_\_ Interior cleaned      \_\_\_ Windows washed

## Monthly SCBA Inspection Report (Complete or Check as Applicable)

Tank Number	Harness Number	P.A.S.S. Number	Gauge Reading	Face Piece	Regulator	Harness in Service	Low Pressure Alarm	Test Date**	Unit Clean

NOTE: \*Regulator check includes high and low pressure lines, pressure reducer, along with face piece regulator.

\*\*Test Due Dates: (Composite Bottles-3 years/Aluminum Bottles-5 years)

Record: All fluids added, tires requiring inflation (with pressures found) and any repairs needed or completed to apparatus or equipment. Additionally, record and tag any equipment taken out of service and why. When completed, this sheet should be submitted to the station Captain where the apparatus and/or equipment is housed.