

9S Inspection: Apparatus Information Needed

First-Out ENGINE:

Station: _____

Unit Designation/Number _____, Year _____,
 Apparatus Manufacturer _____,
 Pump Capacity _____ GPM, Pump Manufacturer _____,
 Booster Tank Capacity _____ Gallons, Underwriters Lab, Approved? **YES** - **NO** ,
 GVW Plate Rating of Apparatus _____, Actual Weight of Apparatus _____,
 Current Weight Ticket? **YES** - **NO** , Apparatus Overweight? **YES** - **NO** ,
 Date of Last Apparatus Service/Pump Test ____ / ____ / ____, Passed Test **YES** - **NO** .

Total Feet of Hose
on Apparatus

Total Pre-Connected Hose
Line(s) & Length in Feet

Nozzles on Apparatus

5.00"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.00"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combination	Smooth
3.00"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Fog)	Bore
2.50"	<input type="checkbox"/>	#	<input type="checkbox"/>	@	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.75"	<input type="checkbox"/>	#	<input type="checkbox"/>	@	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.50"	<input type="checkbox"/>	#	<input type="checkbox"/>	@	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.00"	<input type="checkbox"/>	#	<input type="checkbox"/>	@	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Deluge Set / Deck Gun Set **YES** - **NO** , # of 1.75" Automatic Nozzles __,

Other Nozzles __

of Booster Reel(s) w/minimum 200 ft. of hose & nozzle __

Feet of Hard Suction Hose __, Size in Diameter __ inches

Ladders: 12 ft roof __, 14 ft roof __, Attic __,
 24 ft extension __, 35 ft extension __, Other __.

Fire Extinguisher(s) 20 lb or equivalent:

Dry Chemical __, CO2 __, Foam __, Water __, Other __.

SCBA: Qty. _____ Manufacturer _____ Pos. Press. _____
YES - **NO**

TOOLS WHICH MUST BE VIEWED BY THE INSPECTOR:

Qty. _____ Description _____

Qty. _____ Description _____

- ___ 1st Aid Kit
- ___ Bolt Cutters(minimum 14")
- ___ Crowbar
- ___ Hand Lights
- ___ Pike Poles

- ___ Axe(s)
- ___ Claw Tool
- ___ Haligan Tool
- ___ Shovels
- ___ 1/2" 100' Rope