

GovDeals Fire Apparatus Inspection Form

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|---|----------------------------|---------------------------------|
| Asset ID: _____ | Inventory ID: _____ | Fair Market Value: _____ |
| Short Description: Year _____ Manufacturer _____ Model _____ | | |
| VIN: Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Mileage/Odometer: Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____ | | |
| Long Description: This Apparatus is a: <input type="checkbox"/> Pumper <input type="checkbox"/> Ladder <input type="checkbox"/> Tanker <input type="checkbox"/> Rescue <input type="checkbox"/> HazMat <input type="checkbox"/> Crash <input type="checkbox"/> Other _____ <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs <input type="checkbox"/> Does Not Run: _____ Engine: Manufacture: _____ Size: _____ L, V _____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Hours: _____ This Apparatus was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours Engine Condition: <input type="checkbox"/> Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Engine Repairs Needed: _____ Transmission: Manufacture: _____ <input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed _____ Hours _____ Transmission Condition: <input type="checkbox"/> Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition Transmission Repairs Needed: _____ Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection | | |
| Ladder: Manufacture: _____ Model _____ Serial # _____ Length _____ Lasted Test ____/____/____ | | |
| Pump: Manufacture: _____ Model _____ Serial # _____ Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours _____ GPM _____ Last Tested ____/____/____ | | |
| Certification: Ladder <input type="checkbox"/> Yes-Certification Expires ____/____/____ <input type="checkbox"/> No Certification-Expired ____/____/____ Pump <input type="checkbox"/> Yes-Certification Expires ____/____/____ <input type="checkbox"/> No Certification-Expired ____/____/____ | | |
| Exterior: Color _____ Chassis _____ Body _____ Windows: <input type="checkbox"/> Not Cracked <input type="checkbox"/> Cracked _____ Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Low # _____ <input type="checkbox"/> Flat # _____ Damage To: _____ | | |
| Other Equipment: <input type="checkbox"/> Tank (Size: _____ Gallons <input type="checkbox"/> Fiberglass <input type="checkbox"/> Poly <input type="checkbox"/> Metal) <input type="checkbox"/> Hose (Gauge _____ Feet _____) # Of Intakes _____ Location/Size _____ # Of Discharges _____ Location/Size _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have been sprayed <input type="checkbox"/> Have been removed & <input type="checkbox"/> Impressions remain <input type="checkbox"/> No impressions Additional Features (Lights, Generators, Loose Equipment): _____ _____ | | |
| Interior: Color _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: _____ Damage to Dash/Floor: _____ Interior Equipment: _____ | | |
| Location of Asset: _____ For more information contact: _____ | | |