

## Governor's Office of Emergency Services – Fire and Rescue Division APPARATUS USE REPORT

Apparatus Number: \_\_\_\_\_

Department: \_\_\_\_\_

License Number: \_\_\_\_\_

County: \_\_\_\_\_

**Note: Where necessary, Indicate time to the nearest ¼ hour.**

DATE Month:	MILEAGE Beginning Monthly Odometer: _____	PUMP USE		VEHICLE / APPARATUS USE						Vehicle Mechanical Checks		Checked By
		Beginning Hours: _____/_____ Pump Hours	End of Day Booster	Hours of Emergency Usage Within Assigned...				Hours of Non – Emergency Use				
Year:	End of Day Odometer	End of Day Main	End of Day Booster	Local Jurisdiction	Area County	Cal OES Region	Outside Region	Training	Other	Weekly	Monthly	Initials
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<b>Totals</b>												

\*\*\* RETAIN THIS FORM IN ENGINE APPARATUS LOG BOOK FOR ONE YEAR AFTER LAST ENTRY \*\*\*

Following is the minimum acceptable standard for Cal OES – owned apparatus:

**AFTER EACH USE:  
(Or Daily, if in Front Line Service)**

- |  |   |
|--|---|
| <input type="checkbox"/> Check engine oil level                  | <input type="checkbox"/> Check tire for cuts              |
| <input type="checkbox"/> Check coolant level                     | <input type="checkbox"/> Check all lights, siren and horn |
| <input type="checkbox"/> Check fuel level                        | <input type="checkbox"/> Check inventory                  |
| <input type="checkbox"/> Check for oil and coolant leaks         | <input type="checkbox"/> Check primer oil reservoir       |
| <input type="checkbox"/> Check all drive belts and coolant hoses |   |

**WEEKLY – ALL OF THE ABOVE, PLUS:**

- |  |   |
|--|---|
| <input type="checkbox"/> Check radio operation     | <input type="checkbox"/> Check tire pressure      |
| <input type="checkbox"/> Check / Service batteries | <input type="checkbox"/> Drain all air reservoirs |

**MONTHLY – ALL OF THE ABOVE, PLUS:**

- Road test – Note mechanical problems and report through established department channels.
- Lubricate all discharge gates and drain valves, plus exercise all valves.
- Check maintenance book (State Form 271) for service that may be due; i.e., oil and filter, chassis lubrication, tune-up, etc. (See Maintenance Bulletin #32 for every 6-month/6,000 mile maintenance or annual/12,000 mile service requirements.)
- Engage/operate pump(s), check primer operation and all gauges, and floor test the relief valve at 100 PSI and 200 PSI.
- Adjust pump packing or repack as necessary.
- Perform dry vacuum test and report any problems through established department channels.
- Adjust brakes as needed. (See Maintenance Bulletin #27 for minor and major brake inspections.)
- Replace fuel in special equipment; i.e. Floto-pumps, K-12 saws, jaws of life, etc.
- Check Allison transmission only when fluid is hot. Do not overfill (See Maintenance Bulletin #24.)
- Check clutch free travel if equipped with standard transmission. If adjustment is needed, report it!

**ANNUALLY:**

- Annual in-service pump test results. Send copy of test results to the address below.
- Annual hose test results as per N.F.P.A. Standards. Send copy of test results to the address below.

Cal OES  
Fire and Rescue Division  
3650 Schriever Ave  
Mather, CA 95655

**REMARKS:**

Note any equipment shortages, mechanical problems, or service due below:

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