

DeKalb County Fire Department

Monthly Vehicle and Equipment Maintenance Check

Month/Year _____

Unit # _____

<u>Vehicles</u>	<u>Checked</u>	<u>Pump</u>	<u>Checked</u>
Fuel Level		Fuel Level	
Oil Level		Oil Level	
Coolant Level		Pump Lubrication	
Brake Fluid		Battery (charge level)	
Power Steering Fluid		Battery (water level)	
Battery (water level)			
Battery (charge level)		<u>Equipment</u>	
Belts		Hand Lights (charged)	
Tire Pressures		SCBA's (properly stored)	
Transmission Fluid		SCBA Cylinders:	
Headlights		#1 psi: _____	
Turn Signals		#2 psi: _____	
Brake Lights		#3 psi: _____	
Running Lights		#4 psi: _____	
Emergency Lights		#5 psi: _____	
Siren		#6 psi: _____	
Two-Way Mobile Radio		#7 psi: _____ #8 psi: _____	
		AED Power On	
		GPS Battery	
		Saws/Generators/Pumps	

Signature: _____ Date Checked: _____