

# GERMAN TOWNSHIP FIRE-RESCUE

## PROFESSIONAL VOLUNTEERS FAITHFULLY SERVING

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**#2008-0303**

### ***Adopt a Truck***

The Adopt a truck program will involve all active members on the fire department. All members will be assigned a different apparatus each month. Members assigned to these apparatus will complete a full inventory checklist of each apparatus that he or she is assigned. Upon completion of the inventory all members will operate all equipment on that apparatus to insure that all equipment is in proper working order.

The member finding anything that requires attention shall fill out the proper maintenance request form that is located at each station.

Each member throughout the month will be ask to pick out an item, or items on the apparatus that he or she is assigned to. That member then will demonstrate the proper way to use that piece of equipment and where it is was located on the apparatus.

Items to check on the apparatus will include the following:

- Full inventory check
- Check all emergency lighting
- Check all portable lighting
- Take apparatus out on the road
- Operate the pump gear on appropriate apparatus
- Operate all portable equipment
- Inspect all radio equipment

This program is designed to have all members to be familiar with all the apparatus that the department posses, and to ensure that all equipment is and stays in proper working order. Participation in this program is required by all members

***BROTHER FIRST - DUTY ALWAYS***

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## Adopt a truck completion form

1. Was full inventory completed? Yes. \_\_\_\_\_ No. \_\_\_\_\_
2. Any items missing from inventory? Yes. \_\_\_ No. \_\_\_ If yes list all items missing from inventory. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. All emergency lighting in working order? Yes. \_\_\_ No. \_\_\_ If no what was not working properly and was proper action taking? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. All portable equipment working proper and put back into service? Yes. \_\_\_\_\_ No. \_\_\_ If no what was left out of service and what was the problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is the apparatus in proper working order? What area or part of the apparatus needs attention? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Where proper maintenance forms filled out for any problems that needed attention? Yes. \_\_\_\_\_ No. \_\_\_
7. Is full inventory attached to this form? \_\_\_\_\_

Member name. \_\_\_\_\_

X-ray number. \_\_\_\_\_

**All members are required to fill out this form and return to A13 mailbox upon completion**

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