

TANKER:

Unit Designation/Number _____, Year _____,
Apparatus Manufacturer _____

Pump Capacity _____ GPM @ _____ PSI
Tank Capacity _____ Gallons,
GVW _____, Actual Full Weight _____,
Weight Ticket **YES** - **NO** .

Apparatus Overweight **YES** - **NO** , Baffled **YES** - **NO** ,
Low on Water **YES** - **NO** , (1500 gallons minimum, as carried on Engine + Tanker)
Quick Dump Provided **YES** - **NO** , Jet Assisted Dump Provided **YES** - **NO**
Gravity Dump **YES** - **NO** .

ADDITIONAL APPARATUS: (Engine, Ladder, Service, Tanker, Brush)

Unit Designation/Number _____, Year _____,
Apparatus Manufacturer _____,
Capacity of Pump _____ GPM @ _____ PSI,
Tank Capacity in Gallons _____, Baffled **YES** - **NO** ,
Date of Last Apparatus Service/Pump Test __/__/____, Passed **YES** - **NO** ,
GVW Rating of Vehicle _____ lbs., Overweight **YES** - **NO**
Actual Full Weight _____.

Unit Designation/Number _____, Year _____,
Apparatus Manufacturer _____,
Capacity of Pump _____ GPM @ _____ PSI,
Tank Capacity in Gallons _____, Baffled **YES** - **NO** ,
Date of Last Apparatus Service/Pump Test __/__/____, Passed **YES** - **NO** ,
GVW Rating of Vehicle _____ lbs., Overweight **YES** - **NO**
Actual Full Weight _____.

Unit Designation/Number _____, Year _____,
Apparatus Manufacturer _____,
Capacity of Pump _____ GPM @ _____ PSI,
Tank Capacity in Gallons _____, Baffled **YES** - **NO** ,
Date of Last Apparatus Service/Pump Test __/__/____, Passed **YES** - **NO** ,
GVW Rating of Vehicle _____ lbs., Overweight **YES** - **NO**
Actual Full Weight _____.

Unit Designation/Number _____, Year _____,
Apparatus Manufacturer _____,
Capacity of Pump _____ GPM @ _____ PSI,
Tank Capacity in Gallons _____, Baffled **YES** - **NO** ,
Date of Last Apparatus Service/Pump Test __/__/____, Passed **YES** - **NO** ,
GVW Rating of Vehicle _____ lbs., Overweight **YES** - **NO**
Actual Full Weight _____.