Division of Fire Service **Emergency Unit Daily Mechanical Check List** Unit _____ Month _____
Year _____

This check sheet is to be completed daily by the Emergency Unit Operator.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
OPERATIONAL CHECKS																															
Heating/AC																															
Horn/Siren/PA																															
Incident Reports & Clipboard																															
Lights-Back up & Brake																															
Lights-Emergency Front & Grill																															
Lights-Emergency Rear																															
Lights-Emergency Side																															
Lights-Headlights																															
Lights-Inside Cab																															
Lights-Patient Compartment																															
Lights-Parking/Marker																															
Lights-Rear/Side Floods																															
O2-Cylinder Flynn (500 Min)																															
O2-Cylinder(K) (500 Min)																															
O2-Cylinder (K) Restraints																															
Oil Fluid Level																															
Power Steering Fluid Level																															
Radio Console-Front/Back																															
Radio Portable-Driver/Paramedic																															
Seat Belts intact and functioning																															
Spot Light																															
Tire Pressure																															
Transmission Fluid																															
Turnout Gear																															
Turn Signals																															
Windshield Wipers																															
EMPLOYEE ID NUMBER AND INITIALS																															
OF UNIT OPERATOR																															
MUST BE COMPLETED DAILY																															