

Operational Checklist

Arthurs Creek and Strathewen
Rural Fire Brigade



Appliance: (Tick One)	<input type="checkbox"/> Tanker 1	<input type="checkbox"/> Tanker 3
	<input type="checkbox"/> Tanker 2	<input type="checkbox"/> Car

	Tanker 1	Tanker 2	Tanker 3	Car
Water tank full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pump primed and tested at outlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Log book completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel tank above ½ full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gear in neutral and hand-brake on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All lights off and driver's seat in fully rear position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio on channel 61 (secondary radio on channel 63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable radio on channel 63, turned off, and batteries changed over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ignition off and keys out	<input type="checkbox"/>	<input type="checkbox"/>		
Ignition and isolation switches in the off position			<input type="checkbox"/>	<input type="checkbox"/>
All used hose replaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appliance washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any faulty or missing equipment should be logged in the Station Diary and reported to the brigade equipment officer as soon as possible.

Name: _____ Date: _____

Signed: _____

Other regular checks may be applicable:	
<input type="checkbox"/> Station Diary Complete	<input type="checkbox"/> Class A Foam Checked
<input type="checkbox"/> Breathing Apparatus Checked	<input type="checkbox"/> Equipment Manifest Checked