



Risk Management Survey Report

To the field Rep: Return this form with you report:

Organization Name: _____ Date of Survey: _____

Name of Contact Met With: _____

Name of Field Representative: _____

Has the organization received Haz-Mat Cards? YES _____ NO _____

If NO, how many are needed (one for each member): _____

Has the organization received Incident Command Cards? YES _____ NO _____

If NO, how many are needed (one for each member): _____

Have you left a loss control services brochure with the organization? YES _____ NO _____

Was the contact aware of the services in the brochure? YES _____ NO _____

Has the organization signed up for E-Learning? YES _____ NO _____

Would you like McNeil & Company to review you current
policies or procedures? YES _____ NO _____

If YES, please provide copies.

Name of person to send loss control items to: _____

Title: _____

Email Address: _____

Mailing Address: _____

Risk Management Pre-Survey Questionnaire

Please have any policy and procedure manuals available for the survey

Organization: _____ Date: _____

Completed By: _____ Title: _____

Contact Phone: _____ Email: _____

Number of Locations: _____ Years in Operation: _____ Service Area: _____ Square Miles

Annual Number of Calls: _____ Fire Calls: _____ Rescue Calls (MVA, etc.): _____

EMS Only Calls: _____

Population Served: _____

Total Members: _____ Paid: _____ Volunteer: _____

Interior: _____ Exterior: _____ Firefighter EMS: _____ EMS Only: _____

EMS Personnel:

EMT: _____ AEMT: _____ Paramedics: _____ Medics: _____

Cert. First Responders: _____ Nurses: _____

Number of Haz-Mat Trained Personnel:

Awareness: _____ Operations: _____ Command: _____ Spec and Tech: _____

Total Number of Drivers: _____ Drivers Under 21: _____ Drivers Age 21-25: _____

Jr. Members: YES _____ NO _____

If YES,
Are Jr. Members Categorized as ACTIVE Members YES _____ NO _____

Age Range: _____
Written Policies: YES _____ NO _____

Do Jr. Members Ride on Vehicles YES _____ NO _____

Describe Jr. Members Duties:

Auxiliary Members: YES _____ NO _____

If YES,

How Are They Organized: _____

Describe Auxiliary Members Duties:

Other Members: YES _____ NO _____

If YES,

How Are They Organized: _____

Describe Duties:

Please list any additional contacts that you would like the Survey Report Emailed to

(Ex: Board Members, Chiefs, Business Offices, etc.):

Contact/Title: _____

Email: _____

Phone: _____

Contact/Title: _____

Email: _____

Phone: _____

Contact/Title: _____

Email: _____

Phone: _____

Contact/Title: _____

Email: _____

Phone: _____

Contact/Title: _____

Email: _____

Phone: _____

Verbal Worksheet

POLICIES:

Does the organization have a Policy Manual? YES _____ NO _____

*NOTE: If the above question is NO then you DO NOT need to fill out the rest of the POLICIES section.

What form is it in (i.e.: electronic, paper, etc.)? _____

When was it last updated or reviewed? _____

Does the manual look complete and up to date? YES _____ NO _____

Do all members have a copy or access to the Policy Manual? YES _____ NO _____

Does the organization have **WRITTEN POLICIES** for the follow:

Outlining the requirements of each member to be in good membership standing with the organization: YES _____ NO _____

Outlining the responsibilities of each level of membership within the department (i.e.: Firefighter, Lieutenant, Chief, etc.): YES _____ NO _____

Outlining the required training for each level of membership within the department (i.e.: Firefighter, Lieutenant, Chief, etc.): YES _____ NO _____

Annual refresher training for each level of membership within the department (i.e.: Firefighter, Lieutenant, Chief, etc.): YES _____ NO _____

Sexual Harassment Policy: YES _____ NO _____

Workplace Harassment Policy: YES _____ NO _____

Workplace Bullying and Violence Policy: YES _____ NO _____

Drug and Alcohol Use Policy: YES _____ NO _____

Does it include drug and alcohol testing for members? YES _____ NO _____

Use of Social Media Policy: YES _____ NO _____

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Relating to member's taking pictures on emergency scenes:	YES _____ NO _____
If YES, does the policy address the storage and use of any Pictures taken by members?	YES _____ NO _____
Regulating internet access and use, if provided by the organization:	YES _____ NO _____
Highway Safety:	N/A _____ YES _____ NO _____
Reflective vests used on highway scenes:	N/A _____ YES _____ NO _____
Any permission granted to members to carry firearms while on duty, on organization property, or on an emergency scene:	YES _____ NO _____
If NO, are members authorized to carry firearms?	YES _____ NO _____
Driver policy covering both emergency & non-emergency travel:	YES _____ NO _____
Requiring driver's to complete a full 360 check around a vehicle before moving it:	YES _____ NO _____
Requiring all members to be <u>seated</u> and <u>belted</u> before moving the apparatus:	YES _____ NO _____
Requiring drivers to come to a complete stop at all stop signs and intersections with a red light:	YES _____ NO _____
Accident Review Policy:	YES _____ NO _____
Backing Policy:	YES _____ NO _____
Dictating when to use lights and sirens:	YES _____ NO _____
Personal vehicle operations policy:	N/A _____ YES _____ NO _____
Use and training of all support vehicles:	N/A _____ YES _____ NO _____
Use and training of all portable equipment:	YES _____ NO _____

TRAINING:

Are all members trained to the appropriate NIMS level? YES _____ NO _____

Has harassment and violence training been conducted? YES _____ NO _____

If YES, date of last class: _____

Has training been conducted on the use of pictures and internet? YES _____ NO _____

Does the department conduct live burn training? YES _____ NO _____

If YES, is ALL live fire training conducted to NFPA 1403? YES _____ NO _____

Are all members trained in proper patient handling techniques? YES _____ NO _____

Is there annual refresher training on tool and equipment safety? YES _____ NO _____

Are there Driver Training & Refresher programs in place? YES _____ NO _____

If YES, please give a brief description:

Are members trained to respond safely with POVs
and within the scope of the law? N/A _____ YES _____ NO _____

ADDITIONAL RISK MANAGEMENT INFORMATION:

Does the organization use the Incident Command System? YES _____ NO _____

If YES, is the ICS used on every call? YES _____ NO _____

When is ICS used if not on all call? _____

Does the organization have a Hazardous Materials Response Plan? YES _____ NO _____

Does the organization provide Haz-Mat Response Team? YES _____ NO _____

If YES, please describe function and training:

If NO, what agency is responsible? _____

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Are decontamination procedures conducted under the direction of organization?

YES _____ NO _____

If YES, please describe:

If NO, what agency is responsible? _____

Does the organization provide Haz-Mat Disposal?

YES _____ NO _____

Are there required annual performance reviews for all employees?

YES _____ NO _____

Are detailed training records kept on all employees?

YES _____ NO _____

Are employees/members required to have annual physicals?

YES _____ NO _____

Do they have the option of using their own physician over the department physician?

YES _____ NO _____

Does the organization conduct fire code or building code inspections?

YES _____ NO _____

If YES, how are inspectors certified? _____

Are certificates of insurance obtained for all contract work including, but not limited to, snow removal, vehicle maintenance, and janitorial services?

YES _____ NO _____

General Liability (minimum 1 million \$)

YES _____ NO _____

Workers Compensation

YES _____ NO _____

Has a Workplace Violence Assessment been performed?

YES _____ NO _____

Does the organization have any support vehicles?

YES _____ NO _____

If YES, please mark the following:

▪ Boats:

YES _____ NO _____

Written Policies on use and training?

YES _____ NO _____

Explain operations training:

▪ All-Terrain Vehicles:

YES _____ NO _____

Written Policies on use and Training?

YES _____ NO _____

Explain operations training:

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- Snowmobiles: YES _____ NO _____
Written Policies on use and training? YES _____ NO _____
Explain operations training:

- Others: YES _____ NO _____
Written Policies on use and training? YES _____ NO _____
Explained operations training:

Does the Department fill compressed air tanks? YES _____ NO _____
If YES, what system is used to fill them? Compressor _____ Cascade _____ Both _____
If YES, do they fill compressed air tanks for others? YES _____ NO _____
Do they fill SCBA tanks for divers? YES _____ NO _____
Emergency Service Divers? YES _____ NO _____
The General Public? YES _____ NO _____

Is air quality tested quarterly? YES _____ NO _____
What is the date of the last air quality test? _____

If the organization does not fill their own SCBA bottles, who fills them?

Is portable equipment started and tested on a weekly basis? YES _____ NO _____
Frequency if not weekly: _____

Are there designated places to store pagers, cell phone, etc. during calls? YES _____ NO _____
If YES, where is the designated storage area? _____

Are batteries checked in portable gas meters, thermal imaging cameras, flashlights and hand tools? YES _____ NO _____
Please explain the procedure and replacement frequency:

Are vehicles inventoried for portable equipment after each call? YES _____ NO _____

If NO, are they inventoried after each major call? YES _____ NO _____

Please describe the process:

Does the organization sponsor any special fundraising events such as fireworks, barbeques, racing events, pancake breakfasts, sales of goods, raffles, casino nights etc.? YES _____ NO _____

If YES, please list and describe:

Are the organizations buildings open to the public? YES _____ NO _____

If YES, for what purpose (voting, fire prevention, bingo, scouts, etc.)?

Is the meeting hall ever rented or loaned for private use? YES _____ NO _____

If YES, who are the facilities available to? Public _____ Members Only _____ Both _____

Is an employee or member present at all times when the building is rented? YES _____ NO _____

Rental/loan includes use of the following (check all that apply):

Cooking Facilities: _____ Slicer: _____ Tables & Chairs: _____

Other: _____

Does the organization have written rental or loan agreements between the department and the renter placing the responsibility for the activity and the guests upon the renter, not the emergency service organization? YES _____ NO _____

**If YES, provide a copy with this report.*

Is the building ADA accessible?

YES _____ NO _____

Is the rest of the building locked so renters are unable to gain access?

YES _____ NO _____

Is the public, or members, allowed to bring or consume alcohol on site?

YES _____ NO _____

**If YES, please completely full out Alcohol Supplement.*

ALCOHOL SUPPLEMENT:

Is alcohol ever permitted on department property, sold at department events or consumed at department functions?

YES _____ NO _____

**If YES, please complete the rest of this supplement entirely.*

If employees consume alcohol at department functions or on department property please describe who purchases it, how it is distributed, and how the use is monitored:

Is there a written policy restricting call response after consuming alcohol?

YES _____ NO _____

Does the public consume or purchase alcohol while on department property (hall rental or otherwise) or at department sponsored events (field days, parades, clambakes, etc.)?

YES _____ NO _____

If YES, please describe who purchases it, how it is distributed, safeguards against intoxication, underage drinking, driving while under the influence, etc.:

Also describe all TRAINING requirements for servers, bartenders etc. (i.e.: TIPS):

Are there permanent sales, vending machines, or open alcohol distribution at the organization?

YES _____ NO _____

If YES, please explain:

Any Additional Information:

DRIVERS:

Do you review Driver Motor Vehicle Reports (MVR)? YES _____ NO _____

If YES, do you review annually? YES _____ NO _____

Frequency if not annually: _____

What selection criterion is used to select new drivers?

Are all drivers required to complete an EVOC? YES _____ NO _____

Date of Last EVOC: _____ Conducted By: _____

Does the organization have annual driver re-authorization? YES _____ NO _____

Are drivers required to hold any endorsements of CDL certifications per state requirements? YES _____ NO _____

If YES, please describe:

VEHICLE MAINTANANCE:

Is there a vehicle preventive maintenance program? YES _____ NO _____

If YES, describe the program:

Performed By: _____

Are maintenance records kept? YES _____ NO _____

Are Repairs completed by a qualified/certified mechanic? YES _____ NO _____

Name: _____

Qualifications: _____

Certificate of Insurance on file? YES _____ NO _____

Are annual DOT inspections completed on all vehicles? YES _____ NO _____

How often are vehicles inspected in-house:

After Each Use: _____ Daily: _____ Weekly: _____ Monthly: _____

Other: _____

Are pumps tested annually? YES _____ NO _____

Are hoses tested annually? YES _____ NO _____

Are ground ladders tested annually? YES _____ NO _____

Are Aerial Devices tested annually? N/A _____ YES _____ NO _____

Are all apparatus equipped with backup warning devices? YES _____ NO _____

If NO, which have back up warning devices:

Do the vehicles have Backup Cameras? YES _____ NO _____

If YES, which vehicles?

Do the vehicles have Event Recorders? YES _____ NO _____

If YES, how is material reviewed?

MEDICAL MALPRACTICE SUPPLEMENT:

Does the organization respond to any EMS calls? YES _____ NO _____

**If YES, please continue to fill out this supplement completely*

What level of pre-hospital patient care is the organization registered to provide?

Advanced Life Support _____ Basic Life Support _____

First Responder _____ Advanced First Aid _____ CPR Only _____

Does the organization have ambulance certified for patient transport? YES _____ NO _____

If YES, under what jurisdiction? _____

Are all personnel providing patient care certified? YES _____ NO _____

If NO, please explain: _____

Are your nurses certified to perform patient care in the
the field according to your state and local guidelines? N/A _____ YES _____ NO _____

If YES, do they provide their own medical malpractice coverage? YES _____ NO _____

Is the EMS program overseen by a licensed physician? YES _____ NO _____

If YES, list the name of the physician or group: _____

Does the EMS program have a quality assurance program to
review protocols, written reports, and all other factors
relating to patient care? YES _____ NO _____

Are patient care reports (PCR's) completed for all EMS incidents? YES _____ NO _____

If YES, where are the documents stored? _____

For how long? _____

Is all medical related equipment inspected and maintained per manufacturers
specifications? (ex: defibrillators, suction units, resuscitators, etc.) YES _____ NO _____

How many defibrillators does the organization have? _____

Are all members certified to use an AED? YES _____ NO _____

How are oxygen tanks refilled? _____

Does the organization have power stretchers? YES _____ NO _____

If YES, is there a battery maintenance program? YES _____ NO _____

Does the organization carry stair chairs? YES _____ NO _____

If YES, are member's trained in proper lifting techniques? YES _____ NO _____

CRIME SUPPLEMENT:

Fill out one summary for every different treasury (ex. District, Department, Bowling Team)

Name of the Treasury: _____

Is this a 501C-3 account? YES _____ NO _____

Source of Funding: _____

Largest amount of money at any one time under the financial officer's control: _____

Name all persons authorized to handle funds for this treasury:

NAME	TITLE	ELECTED/APPOINTED
1.)	_____	_____
2.)	_____	_____
3.)	_____	_____
4.)	_____	_____
5.)	_____	_____

Do any receive compensation? YES _____ NO _____

If YES, which persons (list numbers): _____

Has the treasurer attended any financial management training? YES _____ NO _____

Date of last training? _____

Type of training: _____

Do the persons managing funds turn over this function to another for a period of 2 weeks, every year, to prevent theft? YES _____ NO _____

Are invoice's or requisitions, approvals, check registers and bank statements cross-checked against each other? YES _____ NO _____

If YES, by whom? _____

Are all bank statements received as a hard copy in the mail? YES _____ NO _____

If YES, who opens them? _____

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Is someone, other than the treasurer, designated to review all bank statements and compare written check number with the statements? YES _____ NO _____

Largest amount of petty cash kept on hand? _____

How is it stored? _____

Is money ever stored in the building overnight? YES _____ NO _____

If YES, amount? _____

How is it stored? _____

All receipts are deposited in a bank with: 2 Days _____ 1 Week _____ Over 1 Week _____

Are all incoming checks immediately stamped "For Deposit Only?" YES _____ NO _____

Do all checks require 2 signatures? YES _____ NO _____

If NO, do checks over a certain amount require 2 signatures? YES _____ NO _____

How often is there a report of receipts and disbursements? _____

To whom? _____

How often are the accounts examined (audited) internally? _____

By whom? _____

Are there written policies explaining this process? YES _____ NO _____

When they were last examined? _____

How often are the accounts examined (audited) externally? _____

By whom? _____

When were these accounts last examined? _____

Where are the records stored? _____

Are the records backed up? YES _____ NO _____

If YES, how are records backed up? _____

Is electronic banking performed? YES _____ NO _____

Is same computer used for anything else on the internet? YES _____ NO _____

Are wire transfers allowed? YES _____ NO _____

Are purchase orders used? YES _____ NO _____

Is YES, who issues purchase orders and for what?

Are items purchased online? YES _____ NO _____

Who is authorized to make these purchases? _____

What items can be purchases online? _____

How are these purchases paid for? _____

Is there an organization credit card? YES _____ NO _____

Who is authorized to use the card? _____

Are policies and procedures in place regarding the use of the card? YES _____ NO _____

Does the organization hold fund raising activities? YES _____ NO _____

**If Yes, please complete the following regarding fund raising events:*

Approximate maximum receipts per day: _____

Are bank deposits made after each day of the event? YES _____ NO _____

Is the depositor accompanied by an armed police officer? YES _____ NO _____

Is money ever stored at a member's house? YES _____ NO _____

Do two people count the deposit and cross check
amount with deposit slip? YES _____ NO _____

Station Walk Through / Observation Worksheet

CONSTRUCTION:

Location ID: _____

Year Build: _____ Building Area: _____ Square Feet _____

Property Area: Acres

Number of Stories: Number of Bays:

Primary Use (ex: Fire Station, Storage, Maintenance):

Construction Type: Frame _____ Joisted Masonry _____ Non-Combustible _____
Masonry Non-Combustible _____ Modified Fire Resistant _____
Fire Resistant Combination

Exterior Walls Material: Floors:

Roof Type: _____ Roof Covering: _____ Condition: _____

Any additions to the original structure? YES _____ NO _____
If YES, in what year built? _____

Any unusual construction features? YES _____ NO _____
Please Describe (include photo):

Do they have a base station antenna? Yes _____ NO _____

If YES, include picture, Height: _____ ft. Location: _____

	YES	NO
Is it fenced so no one can climb?		

	YES	NO
Is there a fire horn or siren?		

If YES, Location: _____

Is electrical panel accessible?	YES	NO

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Electrical Service:

Amps: _____ Volts: _____

Age: _____ Fuses: _____ Circuit Breakers: _____

Date of last electrical inspection: _____

Who conducted inspection? _____

Do all receptacles have covers? YES _____ NO _____

Proper use of electrical cords? N/A _____ YES _____ NO _____

Is there a backup generator? YES _____ NO _____

Is there any flood potential for the property? YES _____ NO _____

If YES, what if any mitigation techniques have been put in place:

Is there a fire pole? YES _____ NO _____

If YES, are there are written policies pertaining to the use of it? YES _____ NO _____

**Please attach pictures and any policies the organization may have regarding the fire pole*

Are there any underground tanks? YES _____ NO _____

Are vehicles prevented from driving over underground tanks? YES _____ NO _____

Products Stored	Capacity	Age	Last Test Date

How are inventories tracked? _____

Are there above ground fuel tanks? YES _____ NO _____

If YES, please include pictures.

Products Stored	Capacity	Dike or Double Walled	Vehicle Protection (YorN)

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Are all above ground tanks labeled properly? YES _____ NO _____

Are all above ground tanks equipped with fire extinguishers? YES _____ NO _____

Are all above ground tanks clear of brush and debris? YES _____ NO _____

Are there no smoking signs posted around above ground tanks? YES _____ NO _____

Are vehicles fueled on premises? YES _____ NO _____

If YES,

Are there automatic shut off nozzles? YES _____ NO _____

Vehicles attended during fueling? YES _____ NO _____

Are vehicles shut down during fueling? YES _____ NO _____

Is smoking prohibited in the fueling area? YES _____ NO _____

Is any vehicle maintenance or repair done on site? YES _____ NO _____

If YES, how are fluids stored and disposed of?

HVAC:

Fuel Type (check all that apply):

Natural Gas: _____

Oil: _____

Electric: _____

LPG: _____

Other: _____

Heating Source (check all that apply):

Central Boiler: _____ What is the date of the last boiler inspection? _____

Units: _____

Roof Mounted: _____

Radiant Heat: _____

Forced Air Furnace: _____

Other: _____

Air Conditioning: _____ % of Building, (check all that apply):

Central: _____

Window Units: _____

Roof Units: _____

Is there a HVAC maintenance inspection contract? YES _____ NO _____

Date of last HVAC inspection: _____

Who conducted the inspection? _____

FIRE/ALARM PROTECTION:

Automatic Sprinklers: YES _____ NO _____
 If YES, what % of building? _____ %
 What Type? _____
 Sprinkler Water flow alarms? YES _____ NO _____
 Sprinkler Valve Tamper alarms? YES _____ NO _____
 If YES, Alarm Transmission: _____ Local _____ Monitored
 If monitored, by whom: _____

Is there an Inspection/Maintenance Contract? YES _____ NO _____
 Who is the contractor? _____
 Date of last inspection: _____

Are smoke detectors installed and functioning? YES _____ NO _____
 Is YES, Alarm Transmission: _____ Local _____ Monitored
 If monitored, by whom: _____

Are carbon monoxide detectors installed? YES _____ NO _____
 (sleeping areas, meeting rooms, living quarters)
 If YES, Alarm Transmission: _____ Local _____ Monitored
 If monitored, by whom: _____

Are heat detectors installed? YES _____ NO _____

Is there a security system installed (burglar alarm)? YES _____ NO _____
 Are there security cameras at this location? YES _____ NO _____
 If YES, Alarm Transmission: _____ Local _____ Monitored
 If monitored, by whom: _____

Are there Fire Extinguishers (not on apparatus)? YES _____ NO _____
 Are they properly mounted? YES _____ NO _____
 Date of last inspection: _____

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COOKING FACILITIES: (please include a picture of each individual kitchen or cooking area)

Is there a kitchen or cooking area? YES _____ NO _____

If YES, what types of cooking appliances are present?

Commercial Stove _____ Residential Stove _____ Microwave Oven _____ Oven _____

Grill _____ Deep Fat Fryer _____ Other _____

Is Hood and Duct Present? YES _____ NO _____

Are Grease Filters Clean? YES _____ NO _____

If grill and deep fryer present, is there a fixed fire extinguishing system installed? YES _____ NO _____

Is there a fuel cutoff if gas or propane YES _____ NO _____

Date of last inspection: _____

Property EXPOSURES:

	DISTANCE	TYPE OF EXPOSURE	USE OR CONSTRUCTION
FRONT			
REAR			
LEFT			
RIGHT			

Property EXTERIOR:

CONDITION OF:	GOOD	FAIR	POOR	N/A
PARKING AREA				
EXIT STAIRS				
DRIVEWAYS				
GLASS				
SIGNS				
LIGHTING				
HANDICAP ACCESS				

Describe any conditions about that result in a 'fair' or 'poor' rating:

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Describe any unusual features (i.e. unexpected, exposures, status, etc.):

CONDITION OF:	GOOD	FAIR	POOR	N/A
FLOOR COVERINGS				
DOORWAYS				
STAIRS				
MEANS OF EGRESS				
LIGHTING				
EMERGENCY LIGHTING				
EXIT SIGNS				
ELEVATORS (#)				

Describe any conditions about the resulted in a 'fair' or 'poor' rating:

Describe any unusual features (i.e. mezzanines, balcony's etc.):

List any slip, trip, or fall hazards noted:

Are there any flammable items stored in utility rooms?

YES _____ NO _____

Is there oxygen storage?

YES _____ NO _____

Is it secured properly?

YES _____ NO _____

Location (include pictures): _____

OTHER HAZARDS:

Flammable Liquids: Type: _____ Proper Storage: YES _____ NO _____
Flammable Liquids: Type: _____ Proper Storage: YES _____ NO _____
Flammable Liquids: Type: _____ Proper Storage: YES _____ NO _____

LPG Cylinders: YES _____ NO _____
 Proper Storage: YES _____ NO _____
 Size: _____ Number: _____
 Explain: _____

VEHICLES AND EQUIPMENT:

Please list and indicate the condition of any of the following support vehicles: N/A _____

Boats:

All –Terrain Vehicles:

Snowmobiles:

Others:

Please check all vehicles and VIN numbers with the Vehicle Schedule and note any discrepancies:

Does the department have gas powered portable equipment? YES _____ NO _____

Is the equipment clean and full of fuel and oil? YES _____ NO _____

Are all shields in place? YES _____ NO _____

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Is equipment maintained per manufactures specs? YES _____ NO _____

Are portable gas cans the proper style, labeled and stored? YES _____ NO _____

Are vehicle compartments clean and organized? YES _____ NO _____

Is portable equipment properly mounted? YES _____ NO _____

Is all equipment secured on the outside of the vehicle? YES _____ NO _____

(hose, tools, ladders, etc.)

If NO, please explain and include pictures:

Is all equipment in the cab secured (flashlights, radios, clipboards, etc.)? YES _____ NO _____

Are supplies and surplus equipment properly stored and secure? YES _____ NO _____

Are vehicle mounted fire extinguishers tested? YES _____ NO _____

Date of last test: _____

Are all vehicles repair area's neat and clean? N/A _____ YES _____ NO _____

List any safety concerns in this area:

Is the building well maintained? YES _____ NO _____

Are all contents kept neat and clean? YES _____ NO _____

If NO, please explain:

Are there any other structures that are not already listed on the location schedule present? YES _____ NO _____

If YES, please describe and include a picture:

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the page.