

# ***CITY OF NEWTON FIRE DEPARTMENT***

## APPARATUS INVENTORY

STATION : \_\_\_\_\_ APPARATUS: \_\_\_\_\_ DATE: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_ GROUP: \_\_\_\_\_

EQUIPMENT OUT FOR REPAIR: \_\_\_\_\_

MISSING EQUIPMENT: \_\_\_\_\_

EQUIPMENT LEFT AT FIRE SCENE: (This section shall be filled out immediately upon return to quarters and shall be sent to fire headquarters not later than the next working day.)

ADDITIONS TO EXISTING APPARATUS INVENTORIES: \_\_\_\_\_

REQUEST / CHANGE PRINTED APPARATUS INVENTORY: \_\_\_\_\_ APPARATUS #: \_\_\_\_\_