

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 #: _____