

Texas Fire Trucks Apparatus Specification Form

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| Year | |
| Chassis VIN | |
| Chassis Make | |
| Chassis Model | |
| Engine Mfg. | |
| Engine Model & HP | |
| Transmission Mfg. | |
| Transmission Model | |
| Mileage | |
| Engine Hours | |
| Air Conditioning? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heater? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Body Mfg. | |
| Body Style | |
| Pump Mfg. | |
| Pump Model | |
| Pump Capacity | |
| Tank Gal./Material | |
| Foam System Mfg. | |
| Foam System Model | |
| Foam System A/B? | <input type="checkbox"/> Class A <input type="checkbox"/> Class B |
| CAFS? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Original Job # | |
| Availability Date | |

Additional Information:

| | |
|--------------------------|--|
| Preconnects | <input type="checkbox"/> 1.50" <input type="checkbox"/> 2.50" |
| Bumper Discharge? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hose Reel? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Deck Gun? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Intakes | <input type="checkbox"/> 2.50" <input type="checkbox"/> 4" <input type="checkbox"/> 5" <input type="checkbox"/> 6" |
| Generator | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Last Pump Test | Date: |

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|------------------------------|--|
| Ground Ladders? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pike Poles | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Aerial Length / Type | |
| Aerial Material | <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel |
| Aerial Certification? | Date: |
| Scene Lighting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Light Tower(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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Please list any additional equipment to stay on the apparatus:

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List and describe recent repairs which have been completed:

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Any additional comments about the truck

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