

**Task Force/Strike Team Apparatus Form- (One per apparatus, submit to RESL)**

<b>Conflagration Name</b>									
<b>Department Name</b>					<b>Apparatus #</b>			<b>County</b>	
<b>Defense Board Chief</b>					<b>24 hr Contact Number</b>				
<b>Apparatus Type</b>						<b>Year</b>		<b>Mileage:</b>	
	I	II	III	IV	V	VI	Fuel Type:	Diesel:	Gas
Eng	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4X4 Chassis:	Yes	No
WT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Pump & Roll:	Yes	No
Other							Plumbed Foam	Yes	No
							C.A.F.S.	Yes	No
Pump Capacity (GPM):						Foam Quantity			
Water Tank size:						Class A:		Class B:	
<b>Amount of Hose (in feet)</b>									
3/4"				1.75"				LDH	
1"				2.5"				Hard Suction	
1.5"				3"				Size	
<b>Communication Capabilities</b>									
Cell Phone #									
Frequency Capabilities									
State Fire Net					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Mobile radio					800Mhz		VHF		
Portable radio (number of each)					800Mhz		VHF		
Is Portable radio field programmable?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Is Mobile radio field programmable?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
<b>Equipment</b>			<b>Yes</b>		<b>No</b>		<b>Comments</b>		
Generator			<input type="checkbox"/>		<input type="checkbox"/>				
Extrication Tools			<input type="checkbox"/>		<input type="checkbox"/>				
Chain Saw			<input type="checkbox"/>		<input type="checkbox"/>				
Brush/Hand Tools			<input type="checkbox"/>		<input type="checkbox"/>				
Floto Pump			<input type="checkbox"/>		<input type="checkbox"/>				
Food / Water			<input type="checkbox"/>		<input type="checkbox"/>				
AED / Defibrillator			<input type="checkbox"/>		<input type="checkbox"/>				
ALS Equip/Personnel			<input type="checkbox"/>		<input type="checkbox"/>				
First Aid Kit			<input type="checkbox"/>		<input type="checkbox"/>				
SCBA (quantity)			<input type="checkbox"/>		<input type="checkbox"/>				
Other (Describe)									