LANCASTER COUNTY FIRE CHIEFS ASSOCIATION INC.

APPARATUS STANDARDS CHECKLIST : SQUAD

Unit Designation: Squad	Inspection Date:
Year:	Make/Model:

	Required Conditions			Recommended Equipment (Not Mandatory)
	Unit Must Be Owned by the Agency			
	Must be a PA DOT Registered Vehicle			
	Minimum of One mobile & One Portable Radio			
	Seat Belts for Each Riding Position			
	One High Visibilty PPE Vest Per Rider			

Attachments / Enclosures List:

1	
2	
3	

_____Pass	_____Fail	Re-Inspection Date:_____
Inspector Name:	Print:	Signature:
Inspector Name:	Print:	Signature:
Fire Dept. Rep.:	Print:	Signature: