

# FAIRFIELD COUNTY FIRE CHIEFS PLAN APPARATUS INVENTORY FORM

DEPARTMENT NAME: \_\_\_\_\_ DEPT. # \_\_\_\_\_  
DEPARTMENT APPARATUS NUMBER \_\_\_\_\_  
TYPE of APPARATUS: \_\_\_\_\_ YEAR of APPARATUS \_\_\_\_\_  
MAKE of APPARATUS \_\_\_\_\_  
APPARATUS MAXIMUM'S: APPARATUS WEIGHT- \_\_\_\_\_ APPARATUS HEIGHT - \_\_\_\_\_  
NAME of Company or Station Apparatus is assigned to -- \_\_\_\_\_

## **PUMP and WATER SUPPLY INFORMATION**

PUMP CAPACITY \_\_\_\_\_ TANK CAPACITY \_\_\_\_\_ GAL.  
PORTABLE TANK --- YES NO PORTABLE TANK CAPACITY \_\_\_\_\_ GAL  
PORTABLE PUMP CARRIED ---- YES NO PUMP CAPACITY \_\_\_\_\_ GPM  
INDIAN TANK'S -- YES NO AMT. \_\_\_\_\_

## **HOSE CARRIED**

(PLEASE STATE AMOUNT)

5" \_\_\_\_\_ 4" \_\_\_\_\_ 3" \_\_\_\_\_ 2 1/2" \_\_\_\_\_ FORESTRY \_\_\_\_\_ THREAD \_\_\_\_\_

## **LADDER / TRUCK COMPANY INFORMATION**

SIZE \_\_\_\_\_ ft  
REAR MOUNT ( ) MID-SHIP ( ) TRACTOR DRAWN ( ) TOWER LADDER ( ) SNORKEL

## **FOAM & AGENTS CARRIED**

SPECIFY TYPE (S) of FOAM CARRIED \_\_\_\_\_  
SPECIFY AMOUNT of FOAM CARRIED \_\_\_\_\_  
ON BOARD FOAM SYSTEM: YES NO FOAM CARRIED IN FOAM TANK \_\_\_\_\_  
FOAM TANK CAPACITY \_\_\_\_\_ GAL.

## **LIGHTING and POWER GENERATING EQUIPMENT**

PORTABLE GENERATOR: YES NO CAPACITY \_\_\_\_\_ KW  
ON BOARD GENERATOR: YES NO CAPACITY \_\_\_\_\_ KW  
LIGHTS PORTABLE LIGHTS QUANTITY:  
FIXED LIGHTS --- QUANTITY: \_\_\_\_\_ WATTAGE \_\_\_\_\_  
LIGHT TOWER EQUIPPED -- HEIGHT of TOWER \_\_\_\_\_  
TOTAL OUTPUT OF LIGHT TOWER \_\_\_\_\_ WATTAGE

## **SELF CONTAINED BREATHING APPARATUS**

NUMBER of AIR PACKS \_\_\_\_\_ BRAND \_\_\_\_\_ PSI \_\_\_\_\_  
NUMBER of SPARE AIR TANKS CARRIED: 30MIN \_\_\_\_\_ 45MIN \_\_\_\_\_ 60MIN \_\_\_\_\_  
IS APPARATUS EQUIPPED WITH ON BOARD CASCADE SYSTEM? YES NO  
IS APPARATUS EQUIPPED WITH ON BOARD AIR COMPRESSOR TO SUPPORT CASCADE SYSTEM? YES NO  
IS CASCADE SYSTEM EQUIPPED for REMOTE FILLING OPERATIONS? \_\_\_\_\_  
LENGTH of REMOTE FILL HOSE \_\_\_\_\_ FT

## **RESCUE EQUIPMENT**

(CIRCLE IF YOU HAVE THE EQUIPMENT AND ANSWER THE QUESTIONS?)

RESCUE TOOL MAKE \_\_\_\_\_ POWER PLANT FIXED ( ) PORTABLE ( )  
SPREADERS ( ) CUTTERS ( ) RAMS OTHER \_\_\_\_\_  
AIR BAGS MAKE - \_\_\_\_\_  
OTHER EQUIPMENT \_\_\_\_\_  
CHAIN SAW (GAS) ROPE RESCUE EQUIPMENT CONFINED SPACE RESCUE K-12 SAW TRENCH RESCUE  
EQUIP. POWER WINCH ICE RESCUE WATER RESCUE  
THERMAL IMAGING CAMERA TORCH/METAL CUTTING OTHER \_\_\_\_\_

## SALVAGE EQUIPMENT

SALVAGE COVERS/TARPS: YES NO AMOUNT CARRIED \_\_\_\_\_ WATER VAC: YES NO  
FANS - LIST SIZE and TYPE (GAS or ELEC) \_\_\_\_\_

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## OTHER EQUIPMENT

### EMS EQUIPMENT

O2 BOTTLES \_\_\_\_\_ DEFIB CARRIED YES NO \_\_\_\_\_

STOKES BASKET \_\_\_\_\_ BACKBOARDS \_\_\_\_\_

### MARINE EQUIPMENT

BOAT -- LENGTH \_\_\_\_\_ FEET MOTOR --- YES NO PUMP CAP. \_\_\_\_\_ GPM

SCUBA GEAR ---- YES NO NUMBER of SCUBA TANKS CARRIED \_\_\_\_\_

NUMBER of LIFE JACKETS CARRIED \_\_\_\_\_

OTHER WATER RESCUE EQUIPMENT \_\_\_\_\_

## COMMUNICATIONS

APPARATUS RADIO FREQ'S. FREQ'S. PORTABLE RADIO

CH # 1 CH # 1

CH # 2 CH # 2

CH # 3 CH # 3

CH # 4 CH # 4

CH # 5 CH # 5

CH # 6 CH # 6

LIST ANY OTHER FREQUENCIES THAT ARE USED \_\_\_\_\_

NUMBER OF PORTABLE'S ASSIGNED TO APPARATUS \_\_\_\_\_

CELLULAR PHONE NUMBER IF SO EQUIPPED \_\_\_\_\_

## LIST OTHER EQUIPMENT

**Return Updates to**

**Lt. Michael Kronick**

[mkronick@westportct.gov](mailto:mkronick@westportct.gov)

**Westport Fire Department**

**515 Post Road East**

**Westport CT 06880**