	APPARATUS MAINTENANCE CHEC		r		AF	PPAF	RATI	JS													м	ΟΝΤΙ	1				CA	LEND	DAR	YEA	R	
Fo	or use of this form, see AR 420-90; the proponent agen																															
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L																																Г
N	ITEM INSPECTED	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3
Е				-			ľ		-													- ·			_ ·							ľ
1	FUEL (fill at 3/4)																															F
2	ENGINE OIL																															F
3	RADIATOR																															F
4	TIRE AIR PRESSURE																															F
5	LIGHTS																															Г
6	BATTERY																											Г				Γ
7	FAN BELT																											Г				Γ
8	BRAKES																											Г				Γ
9	AIR PRESSURE (drain tanks)																															F
10	CLUTCH																															F
11	WINDSHIELD WIPERS																															F
12	START ENGINE																															F
13	WARNING DEVICES																															F
14	ENGAGE PUMP																															Γ
15	INSTRUMENT PANEL																															Γ
16	FIREFIGHTING AGENTS																															F
17	RELIEF VALVE SET (150 psig)																															Γ
18	PRIMER OIL																															Γ
19	FLUSH PUMP (monthly)																															Г
20	VACUUM TEST (monthly)																															Γ
21	DRAFTING OPERATION (annual)																															Γ
22	GRID MAPS																															F
23	JAWS OF LIFE (weekly operation)																		1			t –				1						Γ
24	HOSE CHANGE (pumper - monthly)																		1			t –				1						Γ
25	K-12 SAW (weekly operation)																		1			t –				1						Γ
26	RADIO CHECK																		1			t –				1						Γ
27	APPEARANCE																		1			t –				1						Γ
28	OPERATOR'S INITIALS																		1			t –				1						Γ
29	SUPERVISOR'S INITIALS																											Γ				Γ
	1 = OK 2 = LOW 3 = DAMAGED 4 = DIRTY				(E	L	EGI stati	us of 5 = 1 6 = 1	<i>item</i> NEED NEED	ily Ir insp DS A DS RI UNC	<i>ecte</i> DJU EPL	<i>d in d</i> ISTM ACIN	colur ENT	nns a	abov	e)					9 = 10		SIN RE D	g Epaf	RTM			PON		.ITY		

DA FORM 5379, AUG 2006

			SECTION B - ACTION 1	AKEN			
L I N	ITEM INSPECTED (from Section A)	DAILY INSPEC- TION STATUS	NAME OF INDIVIDUAL PROBLEM REPORTED TO	DATE/ TIME REPORTED	WORK ORDER NO.	MECHANIC'S SIGNATURE	REMARKS
Е	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	(a)	(b)	(c)	(d)	(e)		(g)