



Allegany County Emergency Services Board UTV Checklist

Y E S	NO	#	Apparatus/Equipment Requirements
		1	All apparatus shall meet and operated within the manufactures riding capacity. a) Loaded unit shall not exceed GVWR (Gross Vehicle Weight Rating). This includes personnel.
		2	Allegany County Mobile Radio provided by DES
		3	4 Wheel Drive
		4	(1) 2 1/2 lb Extinguisher
		5	(1) Hand light per ridding position
		6	(1) Helmet with Chin strap for each ridding position. (Department discretion)
			Those wishing to carrying a pump must meet the below requirements.
		7	The apparatus shall be equipped with a fire pump that has a minimum rated capacity of 25 GPM.
		8	The pump shall be equipped with a water tank that has a maximum certified capacity of 50 gallons.
		9	50 ft of 1/2 inch or larger fire hose

Y E S	NO	#	Apparatus/Equipment Recommended (But not required)
		10	(1) Bolt Cutters with 7/16" minimum cut
		11	First aid kit large enough to carry all the required the items below: a) 12 - Sterile gauze pads 4x4 b) 4 – Sterile dressings 5x9 c) 1 – Hemostatic impregnated dressing d) 8 – Rolls Self-adhering gauze bandages (various sizes 2" to 6") e) 4 – Cravats (triangular bandages) minimum 36"x36" f) 2 – Cold Packs g) 1 – Bottle normal saline or sterile water h) 2 – Commercially available tourniquet capable of stopping arterial blood flow i) 1 – Ring Cutter (Optional) j) 1 – Bandage scissors or rescue shears k) 1 – Penlight l) 1 – Stethoscope m) 1 – Glucometer Kit – with lancets, test strips, alcohol wipes, and band-aids (Optional) n) 1 – Adult Regular B/P Cuff o) 1 – Adult Large B/P Cuff p) 1 – Child B/P Cuff q) 6 – Pairs Non-Latex Gloves r) 1 – Portable Sharps Container s) Pulse Oximeter (Optional)
		12	Chainsaw with Chaps, helmet with face & hearing protection a. 1 – gallon proper fuel

			b. 1 – extra chain c. 1 – extra bar d. 1 – extra spark plug
	13	Foam delivery equipment compatible with onboard foam system	
	14	(1) Automated external defibrillator (AED)	

Date:	Pass:		Fail:	
Company Name:				
Unit Number:	Re-Test Date:		Pass:	Fail:
Equipment Checked By:	Fire Dept. Representative:			