

FIRE DEPARTMENT CHECKLIST:
Address _____
City _____

Organizational Statement:

- | | | | |
|--------------------------|---------------------------------------|-----------------|------------------|
| <input type="checkbox"/> | 1. Structure | NFPA 1500 4.1.2 | 1910.156 (b) (1) |
| <input type="checkbox"/> | 2. Training (Type, Amount, Frequency) | NFPA 1500 5.3 | 1910.156 (b) (1) |
| <input type="checkbox"/> | 3. Numbers of members | | 1910.156 (b) (1) |
| <input type="checkbox"/> | 4. Functions of members | | 1910.156 (b) (1) |

Physical Capability I.S.F. Only:

- | | | | |
|--------------------------|---|--|------------------|
| <input type="checkbox"/> | 1. Pre 0/1/82 (not in effect until 9/16/1990) | | 1910.156 (b) (2) |
| | | | 1910.156 (b) (2) |

Training - Initial:

- | | | | |
|--------------------------|--|-----------------|------------------|
| <input type="checkbox"/> | 1. Initial | NFPA 1500 5.1.3 | 1910.156 (c) (1) |
| <input type="checkbox"/> | 2. Special hazards training | NFPA 1500 5.4.1 | 1910.156 (c) (1) |
| <input type="checkbox"/> | 3. Special hazards – written procedures | NFPA 1500 5.3.4 | 1910.156 (c) (4) |
| <input type="checkbox"/> | 4. Documentation in writing on training given (recommended only) | | 1910.156 (c) (4) |

Training Periodic:

- | | | | |
|--------------------------|--|--|------------------|
| <input type="checkbox"/> | 1. Annually all – quarterly for I.S.F. | | 1910.156 (c) (2) |
|--------------------------|--|--|------------------|

Chiefs and Training Officers:

- | | | | |
|--------------------------|---|-----------------|------------------|
| <input type="checkbox"/> | 1. More complete training and education | NFPA 1500 5.1.2 | 1910.156 (c) (1) |
| | | | 1910.156 (c) (1) |

Equipment:

- | | | | |
|--------------------------|--|-------------------------|--------------|
| <input type="checkbox"/> | 1. Inspected annually (maintained, removed, or replaced) | NFPA 1500 6.5.8 & 6.5.9 | 1910.156 (d) |
| <input type="checkbox"/> | 2. Fire extinguishers inspected monthly | NFPA 1500 6.5.13 | 1910.156 (d) |

Clothing I.S.F. Only and Purchased After 09/01/1982

- | | | | |
|--------------------------|---|------------------|------------------------|
| <input type="checkbox"/> | 1. Foot and leg protection – Z41.1 1967/75 | NFPA 1500 7.2 | 1910.156 (a) |
| <input type="checkbox"/> | | NFPA 1500 7.2 | 1910.136 |
| <input type="checkbox"/> | 2. Body protection (coats, boots, and/or trousers) | NFPA 1500 7.2.1 | 1910.156 (e) (3) |
| <input type="checkbox"/> | 3. Hand protection – penetration and heat resistant | NFPA 1973 7.2.4 | 1910.156 (e) (4) (i) |
| <input type="checkbox"/> | 4. Wrist protection – full gloves and coat sleeves | NFPA 1500 7.2.4 | 1910.156 (e) (4) (iii) |
| <input type="checkbox"/> | 5. Eye protection or full face protection | NFPA 1500 7.18.3 | 1910.156 (e) (5) (ii) |
| <input type="checkbox"/> | 6. Head protection and flaps and chin straps | | 1910.156 (e) (5) (i) |

Respirators:

<input type="checkbox"/>	1. Used for O2 deficient – toxic – mop up or inside building	NFPA 1500 7.10	1910.156 (f) (1)
<input type="checkbox"/>	2. Buddy breathing doesn't restrict or obstruct air flow		1910.156 (f) (1) (ii)
<input type="checkbox"/>	3. Air cylinder D.O.T. or NIOSH approved		1910.156 (f) (1) (iii)
<input type="checkbox"/>	4. 30 minute life (except escape only)		1910.156 (f) (1) (iv)
<input type="checkbox"/>	5. Alarm 20-25% service left		1910.156 (f) (1) (v)
<input type="checkbox"/>	6. Positive pressure or pressure demand for I.S.F. (switch O.K.)*		1910.156 (f) (2) (i)
	*Note: Negative pressure O.K. for 2 hour I.S.F. long duration type needs (f) (2) (iii)		
<input type="checkbox"/>	7. Written operating procedures		1910.134 (a) (2)
<input type="checkbox"/>	8. Inspections, clean, repair and storage		1910.134 (h)
<input type="checkbox"/>	9. Physical for wears	NFPA 1500 7.10	1910.134 (b) (10)
<input type="checkbox"/>	10. Cylinder tested	NFPA 1500 7.15.2	1910.134 (i) (4) (i)
<input type="checkbox"/>	11. Compressor – filters and alarms		1910.134 (i) (5)
<input type="checkbox"/>	12. Instructions – usage and maintenance		1910.134 (h) (3)
<input type="checkbox"/>	13. Maintenance program		1910.134 (h)
<input type="checkbox"/>	14. Inspection before and after each use		1910.134 (h) (3) (i)
<input type="checkbox"/>	15. SCBA – monthly checks		1910.134 (f) (2) (ii)
<input type="checkbox"/>	16. Maintenance records – respirators for emergency use		1910.134 (h) (3) (iv) (A)
<input type="checkbox"/>	17. Compressed gas – storage and usage		1910.101 (b)

Vehicles:

<input type="checkbox"/>	1. Reverse alarm or observer	NFPA 1500 6.2.7	MN Rules 5205.0750
<input type="checkbox"/>	2. Seats and seatbelts for passengers	NFPA 1500 6.3.1	MN Rules 5205.0750 (2)
<input type="checkbox"/>	3. Vehicle inspection	NFPA 1500 6.4.1	MN Rules 5205.0750 (3)
<input type="checkbox"/>	OSHA 300 Log		MN Rules 5205.0750 (4)
<input type="checkbox"/>	Emergency Response Plan		1904.29
<input type="checkbox"/>	Emergency Response Plan	NFPA 1500 4.1	1910.120 (q) (2)
<input type="checkbox"/>	Ventilation – When 6 or More Vehicles are Housed		MN Rules 5205.0200 (2)
<input type="checkbox"/>	Aerial Devices N.D.T. Tested at Least Every 5 Years	NFPA 1500 6.4.3	
<input type="checkbox"/>	High Visibility Personal Protective Equipment	NFPA 1500 8.7.10	MN Rules 5205.0030
<input type="checkbox"/>	Hearing conservation	NFPA 1500 7.19.3	1910.95 (c)