

SPOKANE COUNTY FIRE DISTRICT 8

Standard Operating Procedures

40.02.02
INSPECTION, MAINTENANCE,
& REPAIR OF VEHICLES



Adopted: 12/20/16
Reviewed: 11/18/21
Revised: 11/18/21

Approved:

A handwritten signature in black ink, appearing to read "James J. Bahr", is written over a horizontal line.

Purpose: To ensure vehicles are inspected and maintained in a state of readiness.

References: WAC 296-305-04507-Fire Apparatus Maintenance and Repair; NFPA 1911, "Standards on Acceptance and Service Tests of Fire Department Pumping Apparatus."

Procedure:

1. Inspection, maintenance, and repair of vehicles.
 - a) All Fire District 8 emergency vehicles shall be inspected daily, and after any use or repair to identify and correct unsafe conditions.
 - b) All staff vehicles will be inspected weekly.
 - c) Any noted repair needs will be forwarded to the employee responsible for maintenance on the proper maintenance request form.
 - d) If the repair needed is of an emergency nature, the on-duty 820 officer will be immediately notified.
 - e) Any Fire District 8 vehicle found to be unsafe shall be placed out of service until repaired.
 - f) Fire pumps on apparatus shall be service tested in accordance with the frequency and procedures specified in NFPA 1911, "Standards on Acceptance and Service Tests of Fire Department Pumping Apparatus."

2. Apparatus maintenance request form.
 - a) A Maintenance Request Form shall be completed and e-mailed to maintenance@scfd8.org.
 - b) The form needs to be completed and signed by the individual requesting or reporting the need for maintenance.
 - c) In the event the District implements a software program for apparatus maintenance requests and tracking, that process shall be utilized in place of 2 (a) and (b) and deem the manual reporting process and Form 10.10.07 obsolete.

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Form 10.10.07
Spokane County Fire District # 8
Maintenance Request Form
Facility, Apparatus, and Equipment



Date:	Time:	Mileage:	Hours:
Station:	Apparatus:	Small Engine:	

Describe Problem:

Name: _____ Pin # _____

This portion to be completed by individual correcting problem.

Job Code:	Priority:	Repair Start Date:	Repair End Date:
Mileage:	Hours:	Repair Hours:	Vendor:
Repaired By:	Parts Cost:	Labor Cost:	Other Cost:

Describe Repairs:

10/15/2007

Scan and email completed form to maintenance@scfd8.org. Place original in station binder.
 Contact the 820 officer if item needs immediate attention or is taken out of service.