

FIRE CHIEFS AND FIREFIGHTERS ASSOCIATION OF YORK COUNTY

RESCUE INSPECTION

NAME OF DEPARTMENT: _____

DATE OF INSPECTION: _____

Fire Company / Department Representative

Print Name: _____

Signature: _____

Phone #: _____

Association Representative

1. Print Name: _____

Signature: _____

Phone #: _____

2. Print Name: _____

Signature: _____

Phone #: _____

Vehicle Weight Information (certified copy required for records)

Rated		Actual	
Front		Front	
Rear		Rear	
Total		Total	
Water level in booster tank when weighed			