

**Oneida County Emergency Management
Fire Service Inventory Form**

Zone: _____

Department Name: _____ NFIS #: _____ County #: 33

Pump Apparatus Information

Type of Apparatus: _____ Year: _____ Make of Apparatus: _____

- a. Pump Capacity: _____ GPM Maximum PSI: _____ Tank Capacity: _____ Gal.
- b. Portable Tank: ___ YES ___ NO Portable Tank capacity: _____ Gal.
- c. Portable Pump carried: ___ YES ___ NO Quantity Carried: _____ Gal. Pump Capacity: _____ Gal.
- c. Brush/Indian Tanks: ___ YES ___ NO Number: _____
- d. Hose Carried: (List in Feet)
5": _____ 4": _____ 3": _____ 2 ½": _____ 1 ¾": _____ 1 ½": _____

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Aerial Apparatus Information

Size: _____ Ft Type: Aerial: _____ Tower Ladder: _____ Straight Stick: _____

With Pump: ___: Yes ___: No

Ground Ladders: Total Feet Carried: _____

Foam & Agents Carried

Specify type(s) of foam carried: (AFFF, etc.) _____

Specify Amount o foam carried: _____ Gal. Specify foam percentage: _____

On-Board System: ___: YES ___: NO Type of foam carried in foam tank: _____

Foam tank Capacity: _____ Gal.

Lighting and Power Generating Equipment

Portable Generator(s): ___: YES ___:NO Capacity: _____ KW

On-Board Generator: ___: YES ___:NO Capacity: _____ KW

Lights

Portable Lights: Quantity: _____ Wattage: _____ Fixed Lights: Quantity: _____ Wattage: _____

Light Tower(s): Quantity: _____

SCBA

Number of Air Packs: _____ Brand: _____ PSI: _____ Size/Duration: _____

Number of spare air tanks carried: _____ PSI: _____ Size/Duration: _____

On-board Cascade System: ___:YES ___:NO

On-board Air Compressor to support Cascade System: ___:YES ___:NO

Equipped with remote filling operations: ___:YES ___:NO Length of Remote Fill Hose: _____ ft

Rescue Equipment

Hydraulic Rescue Tool: ___:YES ___:NO Make: _____ Model: _____

Power Plant: ___:Fixed ___: Portable:

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Fixed power plant: ____: Gas ____: Electric Portable power plant: ____: Gas ____: Electric

Spreaders: ____:YES ____: NO Cutters: ____:YES ____:NO Rams: ____:YES ____: NO Quantity: _____
List length of each Ram: _____

Air Bags

Make: _____ Quantity: _____ Tonnage of each bag: _____ Pressure: ____:HIGH ____: LOW
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Other Equipment

Type of equipment	Quantity	Type of Equipment	Quantity
Chain Saw (gas)		Rope Rescue Equipment	
Chain saw (Electric)		Confined Space Rescue Equipment	
K-12 Saw		Trench Rescue Equipment	
Power winch- fixed		Ice Rescue Equipment	
Power winch-portable		Water Rescue Equipment	
FAST/RIT Equipment		TIC-Thermal Imaging Camera	

Salvage Equipment

Salvage Covers/Tarps: ____:YES ____:NO Number carried: _____ Water Vac system: ____: YES ____:NO

Fans: ____:YES ____:NO Size: _____ Power: ____: Fuel ____: Electric

Other Equipment: _____

EMS Equipment

O2 Bottles: ____:YES ____: NO Defibrillator carried: ____: YES ____: NO Stokes Basket: ____:YES ____:NO

Backboards: ____: YES ____: NO

Marine Equipment

Boat: ____:YES ____: NO Length: _____ft. Motor: ____:YES ____:NO Size: _____HP

Pump: ____:YES ____:NO Capacity: _____GPM

SCUBA Gear: ____:YES ____:NO Number of SCUBA tanks carried: _____ Number of PFD's carried: _____

Other Water Rescue Equipment: _____

**Oneida County Emergency Management
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Hazardous Materials Equipment**

Speedy Dry: ____: YES ____: NO Amount: _____ Absorbent pads: ____:YES ____:NO Amount: _____

Booms: ____:YES ____:NO Amount: _____ Explosion Meter: ____:YES ____:NO Type: _____

Radiation Meter: ____:YES ____: NO Type: _____

Other Meters carried:

_____ Type: _____
_____ Type: _____