



Division 02 **Apparatus and Equipment**

Chapter 28 – Reserve/County-Owned Apparatus Movement for Operational Continuity

February 2009

POLICY

This General Order shall set forth a policy and procedure to maintain the reserve apparatus fleet in a manner which will preserve units in a ready, operational condition in order to provide adequate Fire/Emergency Medical Service (EMS) throughout the County. Periodically, it may be deemed necessary to move County-owned apparatus in order to fill gaps in service or replace out of service engine companies.

DEFINITIONS

N/A

PROCEDURES

1. Authority and Responsibilities

Movement authority for the reserve fleet and/or County-owned apparatus will rest with the Duty-Chief in coordination with the Operations Center. Any movement of County-owned apparatus is to be communicated with the respective Volunteer Chief. The Duty Chief has the authority to approve/disapprove the movement of reserve apparatus and/or County-owned apparatus as necessary.

The Operations Center shall monitor the use of reserve units and County-owned apparatus in order to ensure availability. This database shall include the locations and status of availability of all County-owned pumpers, ladder trucks and rescue squads. Additionally, if the County-owned apparatus is not

available, state the reason (i.e. out of service, single piece engine company, etc.). Reserve apparatus and County-owned apparatus locations and status shall be reported to the Operations Center each morning by the station Officer-in-Charge.

Movement authority and responsibility for the Ambulance/Medic Unit fleet will rest with Apparatus Maintenance during normal work hours and the Duty Chief after hours. During normal work hours, all requests for ambulances shall be made to Apparatus Maintenance. Apparatus Maintenance shall provide the Operations Center with the number of available Ambulance/Medic Units at the close of business. After hours requests for Ambulance/Medic Units shall be handled by the Duty Chief in accordance to the established check in/out procedures posted at Apparatus Maintenance (Attachment A) and completing the Check out form (Attachment B).

2. Reserve Apparatus

Requests for reserve apparatus, with the exception of Ambulance/Medic Units during normal work hours, should be made to the Operations Center. The Operations Center will then contact the Duty Chief for appropriate action.

All reserve apparatus, with the exception of Ambulance/Medic Units, will be assigned to the Fire/EMS Department Training Academy (FETA) for normal storage. The primary use of the reserve apparatus fleet will be to replace first line apparatus. The secondary



function of the reserve fleet will be for training functions sanctioned by the FETA.

The personnel assigned to the FETA will be expected to know the daily whereabouts of all reserve apparatus which they are responsible for, and to ensure that reserves are maintained in line with all appropriate guidelines. This includes knowledge of all repairs which become necessary while on loan. The borrowing station must contact the FETA to advise about the repairs while on loan.

Reserve apparatus shall be maintained and inspected with the same care as first line apparatus.

Personnel borrowing reserve apparatus are responsible for it. Borrowers will be held accountable for problems with the apparatus. It will be the responsibility of the borrower to have repairs to the reserve apparatus made prior to returning to the FETA. It will also be the responsibility of the borrowing company to arrange for the reserve apparatus to be delivered to the FETA upon completion of repairs. Prior to returning the apparatus, the borrowing company will contact the FETA to ensure that it can be received.

REFERENCES

N/A

FORMS/ATTACHMENTS

Attachment A - Ambulance/Medic Unit
Check In/Check Out Procedures

Attachment B - Ambulance/Medic Unit
Check In/Out Form

AFTER HOURS

CHECK OUT

PROCEDURES FOR CHECKING AN AMBULANCE OUT TO A STATION OR MEDIC UNIT

1. The clipboards are arranged numerically in the order the ambulances are to be released. Select the clipboard with a **“AMBULANCE/MEDIC UNIT CHECK IN/OUT SHEET”** below the lowest number.
2. The **“CHECK-IN”** portion of the **“AMBULANCE/MEDIC UNIT CHECK IN/OUT SHEET”**, will already have been completed for the ambulance. The station personnel picking the vehicle up are to complete:
 - **CHECK-OUT** portion
 - **STATION RECEIVING UNIT**
 - **TIME OF CHECK-OUT**
 - **STATION PERSONNEL NAME/ID#**
 - **ANY NOTES OR DAMAGE**
3. The purpose of completing the **“AMBULANCE/MEDIC UNIT CHECK IN/OUT SHEET”** is to note any deficiencies with the vehicle and to verify that all loose equipment is on the vehicle. There is a sheet available in the rack to your right for denoting any body damage. Please fill in the M# and mark the drawing as necessary.
4. Separate the white and yellow copies of the form. Retain the white copy and place in the **“OUTGOING AMBULANCE”** file. Give the yellow copy to the station for their records.
5. Return the empty clipboard to the wall.

AFTER HOURS

CHECK IN

PROCEDURES FOR CHECKING AN AMBULANCE IN FROM A STATION OR MEDIC UNIT

1. Vehicle must be clean inside and outside including all compartments, cab, patient module, glass, etc.
2. Vehicles fuel tank must be at least $\frac{3}{4}$ full.
3. Fill out a new **“AMBULANCE/MEDIC UNIT CHECK IN/OUT SHEET”** to verify all equipment is on the vehicle, fluid levels are acceptable, etc. Apparatus Maintenance personnel will top off any low fluids, lubricate doors, etc. the following workday.
4. If there are any issues with the vehicle, complete a shop ticket and include as much detail as possible. Also note the issues on the **“AMBULANCE/MEDIC UNIT CHECK IN/OUT SHEET”** in the **“NOTES/DAMAGE”** box.
5. Leave the **“AMBULANCE/MEDIC UNIT CHECK IN/OUT SHEET”**, and the shop ticket if applicable, in the **“INCOMING AMBULANCE”** file.
6. Leave the keys in the vehicle and lock the doors.

AMBULANCE/MEDIC UNIT CHECK IN/OUT SHEET

VEHICLE #	
STATION RECEIVING UNIT	
TIME OF CHECK-OUT	

	CHECK-IN	CHECK-OUT
	DATE	DATE
	MILEAGE	MILEAGE
	ENG. HRS.	ENG. HRS.
	FUEL LEVEL	FUEL LEVEL
		UNIT #

AMD PERSONNEL NAME		
STATION PERSONNEL NAME / I.D. #		

BELOW ITEMS PRESENT & OPERATIONAL	YES	NO	YES	NO
RUNNING LIGHT OPERATION				
BACK-UP ALARM, CAMERA AND SENSORS				
EMERGENCY LIGHTS, ARROW STICK, OPTICOM AND SCENE LIGHTS OPERATION				
SIREN (BOTH) / AIR HORN OPERATION				
FIRECOM HEADSETS (3)				
FIRE EXTINGUISHERS (2 - MARKED FOR UNIT)				
WHEEL CHOCKS (2)				
TRIANGLE KIT (MARKED FOR UNIT)				
ONBOARD O2 (H) CYLINDER W/REGULATOR	PSI		PSI	
COT, MATTRESS, BATTERY, COT-FASTENER				
SPARE BATTERY W/CHARGER				
MODULE INTERIOR LIGHTS				
MODULE DRAWERS & DOORS				
O2 FLOWMETER (ENGRAVED FOR UNIT)				
SHARPS CONTAINERS (2 IN DRAWERS)				
SUCTION CANISTER W/WALL ADAPTER				
OWNERS MANUAL				
WASHED / DECON				
COOLANT LEVEL				
OIL LEVEL				
TRANSMISSION LEVEL				
POWER STEERING LEVEL				
HUB OIL LEVEL				
LUBRICATION (DOORS)				

NOTES / DAMAGE:

THIS UNIT MUST BE RETURNED TO AMD WITH ALL THE EQUIPMENT IT WAS CHECKED OUT WITH.
 THE FUEL TANK MUST BE FULL AND THE UNIT AND GLASS MUST BE CLEAN.
ANY VIOLATIONS, THE UNIT WILL NOT BE ACCEPTED AT APPARATUS MAINTENANCE.