

STRIKE TEAM ENGINE & CREW DATA SHEET

ENGINE DATA: Lic. Number: _____ ICS Engine Type: Type 1 Type 2 Type 3 Water Tender _____
 Home Agency: _____ 3-Letter Designator: _____ Unit Designator: _____
 Vehicle Make: _____ Mileage: _____ Engine HP: _____ Fuel: DIESEL GAS _____
 Main Pump GPM: _____ Water Tank Gallons: _____ GVW: _____
 Pump & Roll Capable: YES NO Drafting Capable: YES NO 4-Wheel Drive: YES NO

Communications Capabilities: Cell Phone: 707- _____ Pager: 707- _____
 REDCOM Channel Line Up: YES NO Cal-Fire Frequencies: YES NO USFS Frequencies: YES NO
Field Programmable:
 On-Board Radio: 130.000 - 180.000 Kenwood TK-790 / ICOM: _____ YES NO _____
 Portable Radio(s): 130.00 - 180.00 Bendix King / ICOM Qty: _____ YES NO _____

Class A Foam Capability: On Board Proportioner / Batch Mix / Eductor / None _____
 Foam Nozzles: YES NO Foam Concentrate Quantity: _____ Gallons

Hose Qty: Thread Type: NS / PT Pencil: _____ ' 1": _____ ' 1 1/2 SJRL: _____ ' 1 1/2" DJRL: _____ '
 1 3/4": _____ ' 2 1/2": _____ ' 3": _____ ' 5": _____ ' Suction: _____ '

Equipment: EMS Level: BLS ALS Portable Pump: _____ Ground Ladder length _____ '
 1 1/2 to 1" In-Line T's: _____ Foresters Hose Clamps: _____ Brush Nozzles: _____ Headlamps: _____
 Hand Tool Quantity: McLeod: _____ Pulaski: _____ Round Pt. Shovel: _____ Drip Torch + Spare Fuel & Fusees: _____
 Chain Saw: Yes Bar Length: 20" Generator: Yes No 4 Day Ration: MRE'S: YES NO Water: YES NO
 Other Specialized Equip: Bump & Run hooks/straps: _____ Forcible Entry: _____ Structural Firefighting Capable: _____

Safety: **Wildland PPE** for each crew member (fire shelter, Wildland jacket/pants, gloves, helmet, with face protector, goggles, boots (high top, all leather, lace up, sewn lug sole) Circle yes if all present:
If not all present contact S/T leader: YES NO
Structure PPE for each crew member (turnout coat & Pants, boots, helmet, hood & gloves)
 SCBA Type: _____ W buddy breather: YES NO Quantity: _____ Circle yes if all present:
If not all present contact S/T leader: YES NO

Crew Data	Company Officer	Engineer	Firefighter	Firefighter
Name				
ICS Qualifications				
EMS Cert Level				
Social Security #				
Home Agency #				
Cell Phone #				
Emergency Contact #				
E-Mail Address				
Medical Problems				

Completed By: _____ Rank: _____

Signature: _____

Date: _____

