

CHARLES COUNTY VOLUNTEER FIREMEN'S ASSOCIATION

MINIMUM STANDARDS FOR MARINE SUPPORT UNITS

Current Companies with In Service Dates

MSU4:2000 MSU5:1994 MSU6:1997 MSU7:2011 MSU8 2011

COMPANY: _____ **APPARATUS ID:** _____

YEAR: _____ **MAKE:** _____ **MODEL:** _____

- _____ 1. Must be registered with Maryland Department of Transportation-Motor Vehicle Administration as an Emergency Vehicle
- _____ 2. Chassis to be of suitable GVW
- _____ 3. Two-way radio with all Charles County Fire/EMS radio frequencies in good operating condition
- _____ 4. One (1) portable radio, with charger and all Charles County Fire/EMS radio frequencies in good operating condition
- _____ 5. Safety belts installed in crew cab for each position
- _____ 6. Battery (s) on apparatus must be fully charged at all times; terminals clean, tight and in good condition
- _____ 7. Wiring must be in good condition.
- _____ 8. Warning lights visible 360 degrees
- _____ 9. Siren with controls accessible to both driver and officer
- _____ 10. Tow hitch to be class III rating (Minimum of suitable GVW class)
- _____ 11. One (1) fire extinguisher, either 10 lb. CO2 or 10 lb. dry chemical
- _____ 12. Six (6) road flares or reflective triangles
- _____ 13. Portable hand lights for each riding position to be capable of charging on a 12v system
- _____ 14. Audible back-up alarm that is activated when the vehicle is placed in reverse
- _____ 15. One (1) pair binoculars

APPROVALS:

Standards Committee: 06/25/2012

CCVFA Chiefs: 07/16/2012

CCVFA: 09/10/2012

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- ___ 16. One (1) first aid kit
- ___ 17. One (1) Charles County Road atlas/map book
- ___ 18. One (1) current chart of Maryland waterways
- ___ 19. One (1) PAT tag collector ring w/ Unit ID
- ___ 20. One (1) Current DOT Emergency Response Guidebook
- ___ 21. VHF Marine Radio
- ___ 22. Annual DOT inspection if over 10,000 GVW Date: _____
- ___ 23. Upon "*purchase or major modification*" a Gross Vehicle Weight (GVW) test shall be performed by utilizing the method of weighing each axle individually, and then a GVW test with accompanying proof of completion.

GVW Rating _____ Front Axle Rating _____ Rear Axle Rating _____

Actual Totals-- GVW _____ *Front Axle* _____ *Rear Axle* _____

COMPANY MEMBER/RANK: _____

INSPECTED BY: _____
(Standards Committee Member)

DATE OF INSPECTION: _____ APPROVED _____

DISAPPROVED _____

EXCEPTIONS REQUESTED: