

# Fire Underwriters Survey Outreach – Apparatus Extension Form (AX4)



To request an extension to the recognized age limit for emergency apparatus, please fill out this form, save and email the form back to our office, we may also request a signed hard copy.

Local Government Legal Name: \_\_\_\_\_

Fire Department Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

FUS Office Use Only: \_\_\_\_\_

Apparatus Type	Apparatus #	Year of Manufacture	Odometer	Fire Hall

## Part A – Indicators of Apparatus Reliability

Please provide the following information on the apparatus history.

1. Has the apparatus ever been out of service for mechanical failure reasons? \_\_\_\_\_
2. If yes, how many days has the apparatus been out of service in the last 3 years? (provide documentation) \_\_\_\_\_
3. Is regular preventive maintenance performed on the apparatus? \_\_\_\_\_
4. If yes, please provide the maintenance history with the completed form submission. \_\_\_\_\_
5. Is preventative maintenance conducted in the community? \_\_\_\_\_
6. How many days has the apparatus been out of service for preventative maintenance in the last 3 years? (provide documentation) \_\_\_\_\_
7. Is the apparatus maintained by a certified Emergency Vehicle Technician? (provide maintenance history for last 3 years). \_\_\_\_\_
8. Is the apparatus maintained in accordance with all manufacturer specifications? \_\_\_\_\_
9. Is the apparatus maintained in accordance with NFPA 1911? \_\_\_\_\_
10. Are annual Service Tests performed on the apparatus? \_\_\_\_\_
11. If yes, please provide the last 3 Service Tests results with the completed form submission. \_\_\_\_\_
12. Are full Pump Acceptance Tests performed on the apparatus at least every 5 years? \_\_\_\_\_
13. If yes, please provide the last full Pump Acceptance Test results with the completed form submission. \_\_\_\_\_
14. Is the apparatus thoroughly reviewed for criteria which may render the apparatus (or parts) “out of service” as per NFPA 1911, Chapter 6? \_\_\_\_\_
15. If yes, please provide the results of the last full review of “out of service” criteria completed form submission. \_\_\_\_\_
16. In what year will this apparatus be replaced? \_\_\_\_\_
17. For Mobile Water Supply Apparatus please submit signed documentation that the apparatus meets the requirements of a Mobile Water Supply Apparatus (including Water Tank) as defined by ULC-S515. \_\_\_\_\_

<b>Western Canada</b> 101-3999 Henning Drive Burnaby, BC V5C 6P9 1 (800) 665-5661	<b>Ontario</b> 600-175 Commerce Valley Dr. W. Markham, ON L3T 7P6 1 (800) 268-8080	<b>Quebec</b> 255 Cremazie Boulevard East Montreal, QC H2M 1M2 1 (800) 263-5361	<b>Atlantic Canada</b> 220-30 Damascus Road Bedford, NS B4A 0C1 1 (800) 639-4528
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