

Tightwad Fire Protection District

Maintenance Log

Vehicle/Equipment/Facility: _____
(Unit # & year/make/model **OR** Equipment name, model number, & serial # **OR** Portion of facility, e.g., bathroom, overhead doors)

Date (MM/DD/YY)	Mileage/Hrs	(Name of Shop or Person) Work Done By	Service Performed	Any Comments

Also use Form 901-1 Personnel Time Log to document time in fire station