S415 **Borrowing Equipment**

*Policy P305*

1. *Any use of ESFD equipment intended for personal use shall be considered a training exercise and must include a minimum of two (2) active ESFD firefighters and must be approved by both the Station Captain and the Fire Chief.*
2. *Any/all borrowed equipment may be used in District only*
3. *Only Active ESFD firefighters may borrow equipment under this policy*
4. *Standard Operating Procedure S415 must be completed in its entirety prior to and upon return of equipment as required*

**Procedure**

1. If approved, the use will be set up as a training project with a minimum of two (2) Firefighters, wearing proper turnout gear, on scene until all ESFD equipment is returned to station and available
2. Proper paperwork is to be started before equipment leaves the department
3. All paperwork is to be completed upon return of equipment
4. Equipment is expected to be returned in “In Service” condition, any/all required repairs are the financial responsibility of the borrower

***To be completed prior to use***

**Equipment Borrowing Approval Form**

Equipment Borrowed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Use \_\_\_\_\_\_\_\_\_\_\_\_

Purpose:

Equipment Use Approved By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire Chief Station #1 Captain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Station #2 Captain Station #3 Captain

Condition Out:

I understand that East Side Fire District takes no responsibility for any damage or injury related to my use of this equipment during this requested use. I take full responsibility for any damage to the equipment or to property or personal injury related to my use of this equipment during this requested use.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

***To be completed after use***

Condition When Returned to Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspected By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_