



**Equipment Preventative Maintenance
Reimbursement Form:**

Department Name: _____ Date: _____

Copy of vendor's detailed receipt/paid invoice must be attached to this completed form and both submitted with an invoice to BCoFR

Date of Service	Service Interval	Service	Service Amount	Date Processed Reimbursement
	1	Testing & Refilling of Fire Extinguishers		
	1	Testing of Cascade System		
	1	Servicing Compressor		
	1	SCBA Flow testing		
	1	SCBA Cylinder Hydrostatic Testing		
	1	Ladder Testing		
	3	Mounted Hydraulic Rescue Tools		
		Total Service Amount Reimbursed		

UPDATED 12/21/2021

Repairs to equipment are not included in this program. Every effort should be made to utilize Scott's manufacturer warranty for replacement of covered SCBA parts.