



***GEORGETOWN CITY FIRE DEPT.***

**EQUIPMENT REQUEST FORM.**

EMPLOYEE NAME:

DATE:

EQUIPMENT DESCRIPTION	EQUIPMENT ID NUMBER	EQUIPMENT REQUESTED	EQUIPMENT ISSUED	OFFICER RECEIVING EQUIPMENT
FIRE GLOVES	FE200			
EXTRACATION GLOVES	FE201			
FLASH HOOD	FE202			
FIRE HELMET LIGHT	FE203			
BUNKER BOOTS	FE204			
FIRE HELMET	FE205			
GOGGLES	FE206			
BUNKER COAT	FE207			
BUNKER PANTS	FE208			
UNIFORM HAT	FE209			
UNIFORM TEE SHIRT	FE210			
FIRE HELMET SKULL CAP	FE211			
FIRE HELMET FACE SHEILD	FE212			
FIRE HELMET EAGLE	FE213			
FIRE HELMET LEATHER SHEILD	FE214			
FIRE HELMET BORKS	FE215			
PASS ALERT	FE216			
SCBA MASK NET	FE217			
SCBA MASK STRAPS	FE218			
SCBA MASK SEAL	FE219			

**EMPLOYEE :** \_\_\_\_\_

**OFFICER :** \_\_\_\_\_