CDF/County Fire
Weekly Emergency Vehicle Report

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Name of Company:

Address:

Vehicle Mfg.: Vehicle Unit/ID Number:

Year: Serial No.: Type:

Required Tire Pressure:

DATE INSPECTION COMPLETED	INSPECTOR	BATTERY CHECK	BRAKING SYSTEM	ELECTRICAL SYSTEM LIGHTS & SIRENS	TIRES & WHEEL LUGS	FUEL LEVEL	OIL LEVEL ENGINE & HYDRALIC	HYDRALIC SYSTEM	PUMP CHECK	COOLING SYSTEM	LUBRICATION PUMP & LADDER	ENGINE CHECK	BOOSTER TANK LEVEL	DOORS– COMPARTMENT & CAB	PORTABLE EQUIPMENT	SPECIAL REMARKS ON ROAD TEST INSPECTION USE OTHER SIDE

Remarks:*(Please itemize procedure taken on unsatisfactory inspection items noted on the opposite side.)*

Inspection Date	Repair Date	Comments	Repairs Completed By:	Date: