

## CAL FIRE/County Fire Weekly Emergency Vehicle Report

			Page No		
Name c	of Company:				
Address:					
Vehicle Mfg.: Vehicle Un		nit/ID Number:			
Year:	Serial No.:		Туре:		
Required	Tire Pressure:				
DATE INSPECTION COMPLETED	INSPECTOR	A CONTRACTOR OF	20000000000000000000000000000000000000	Constant of the second	
				ROAD TEST INSPECTION USE OTHER SIDE	
				ON B	
				ARKS	
				REM	
				SPECIAL REMARKS ON	

Remarks: (Please itemize procedure taken on unsatisfactory inspection items noted on the opposite side.)							
Inspection Date	Repair Date	Comments	Repairs Completed				
			By:	Date:			