**Vehicle Inspection**

Operator: _____ Date: _____

Vehicle Number: _____ Mileage: _____

| Item | Score |
|---|---|
| **Engine** | |
| Oil | |
| Transmission Fluid | |
| Brake Fluid | |
| Radiator | |
| Battery | |
| Belts | |
| Plugged In | |
| Wiper Fluid | |
| Start Engine | |
| **Exterior** | |
| Appearance | |
| Lights | |
| Signals | |
| Warning Lights | |
| Windshield Wipers | |
| Windows | |
| Tire Pressure | |
| Road Kit – chocks, cones, signs | |
| **Cab** | |
| Instrument Panel | |
| Safety Brake | |
| Brakes | |
| Horn | |
| Sirens | |
| Backup Alarm | |
| Fuel (¾ full) | |
| Radio Check | |
| Cleanliness | |

| Item | Score |
|---|---|
| **Supplies** | |
| Flashlights | |
| H.T. Radio | |
| Maps | |
| Gloves | |
| Vests | |
| Reports/Forms | |
| Water | |
| **Medical** | |
| First Aid | |
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| Notes | |
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**Legend:** 1= OK 2= Low 3= Damaged 4= Needs Replaced 5= Malfunction 6= Missing