

# Emergency Vehicle Safety Inspection Form

## Vehicle Information

Vehicle Number

License Plate

Make / Model

Year

## Inspection Checklist

Item	Pass	Fail	Comments
Lights & Sirens	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Tires	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Seatbelts	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Emergency Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

**Additional Notes**

Inspector Name

Date