

# Emergency Vehicle Equipment Checklist

## Vehicle Information

VEHICLE ID
DATE
INSPECTED BY

## Essential Equipment

ITEM	PRESENT	CONDITION/NOTES
First Aid Kit	<input type="checkbox"/>	
Fire Extinguisher	<input type="checkbox"/>	
Warning Triangles	<input type="checkbox"/>	
Flashlight	<input type="checkbox"/>	
Reflective Vests	<input type="checkbox"/>	
Spare Tire & Tools	<input type="checkbox"/>	

## Communication & Documentation

ITEM	PRESENT	CONDITION/NOTES
Radio/Communication Device	<input type="checkbox"/>	
Vehicle Registration	<input type="checkbox"/>	
Insurance Documents	<input type="checkbox"/>	
Incident Report Forms	<input type="checkbox"/>	

## Medical Equipment

ITEM	PRESENT	CONDITION/NOTES
Oxygen Tank & Mask	<input type="checkbox"/>	
Defibrillator (AED)	<input type="checkbox"/>	
Stretcher	<input type="checkbox"/>	

Blankets	<input type="checkbox"/>
Personal Protective Equipment (PPE)	<input type="checkbox"/>

### Other Supplies

ITEM	PRESENT	CONDITION/NOTES
Tool Kit	<input type="checkbox"/>	
Water Bottles	<input type="checkbox"/>	
Flares	<input type="checkbox"/>	
Gloves	<input type="checkbox"/>	