

Emergency Vehicle Readiness Checklist

Vehicle ID/Number

Inspector Name

Date

General Inspection

| Item | Check | Notes |
|----------------------|--------------------------|----------------------|
| Exterior Condition | <input type="checkbox"/> | <input type="text"/> |
| Lights & Sirens | <input type="checkbox"/> | <input type="text"/> |
| Tires & Wheels | <input type="checkbox"/> | <input type="text"/> |
| Windshield & Windows | <input type="checkbox"/> | <input type="text"/> |

Equipment & Supplies

| Item | Check | Notes |
|-------------------|--------------------------|----------------------|
| First Aid Kit | <input type="checkbox"/> | <input type="text"/> |
| Fire Extinguisher | <input type="checkbox"/> | <input type="text"/> |
| Oxygen Tank | <input type="checkbox"/> | <input type="text"/> |
| Defibrillator | <input type="checkbox"/> | <input type="text"/> |

Fluids & Levels

| Item | Check | Notes |
|------|-------|-------|
|------|-------|-------|

| | | |
|-------------|--------------------------|----------------------|
| Fuel Level | <input type="checkbox"/> | <input type="text"/> |
| Engine Oil | <input type="checkbox"/> | <input type="text"/> |
| Coolant | <input type="checkbox"/> | <input type="text"/> |
| Brake Fluid | <input type="checkbox"/> | <input type="text"/> |

Other Notes