

Vehicle Safety & Mechanical Inspection Form

ITEMS INSPECTED	OK	INSPECTION BY	DATE
16. Outside rear view mirror (8-1740)	<input type="checkbox"/>	_____	_____
17. Brake system, pedal height & pressure, check at least one front lining and pad for leaks (8-1734)	<input type="checkbox"/>	_____	_____
18. Wheel bearings, Adjust and lubricate as needed	<input type="checkbox"/>	_____	_____
19. Tires even wear, sufficient tread and properly inflated (8-1742)	<input type="checkbox"/>	_____	_____
20. Fuel tank (s) , venting system & cap	<input type="checkbox"/>	_____	_____
21. Chasis frame	<input type="checkbox"/>	_____	_____
22. Steering mechanism, check all elements for stability, ie. Ball joints, idler arm, pittman arm	<input type="checkbox"/>	_____	_____
23. Suspension system, Shocks, Springs and stabilizer bars	<input type="checkbox"/>	_____	_____
24. Drive train, universal joints and seals	<input type="checkbox"/>	_____	_____
25. Exhaust system, ensure integrity, check for leaks (8-1739)	<input type="checkbox"/>	_____	_____
26. Visual checks of all exposed wiring & connections	<input type="checkbox"/>	_____	_____
27. Heating system drivers and patient Compartment (K.A.R. 109-2-8 subsection d)	<input type="checkbox"/>	_____	_____
28. Air-conditioning system, drivers and patient compartment (K.A.R. 109-2-8 subsection d)	<input type="checkbox"/>	_____	_____

To be completed by mechanic

The mechanic should sign and date after each item inspected. If the inspection is done at one time by a single person, this form should be signed and dated below.

Mechanic: _____

Name of Shop/Garage: _____ Date: _____

To be completed by EMS Service Director

This form is true and complete to the best of my knowledge.

EMS Service Director: _____ Date: _____

This form supersedes; Truck_Renewal_revised_with_laws