

Town of Vernon Fire Department

Weekly Rescue Company Inspection Report

PI - Passed Inspection NA - Needs Attention after repair is made also check the PI box along with NA

	Unit #			Date	
Driver Employee #				Hours	
Mileage					
Vehicle	PI	NA	Under Apparatus	PI	NA
Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	Water in Tanks	<input type="checkbox"/>	<input type="checkbox"/>
Radiator Level and Hoses	<input type="checkbox"/>	<input type="checkbox"/>	Air Leaks	<input type="checkbox"/>	<input type="checkbox"/>
Auto Trans Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	Oil Leaks	<input type="checkbox"/>	<input type="checkbox"/>
Power Steering Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	Steering Linkage	<input type="checkbox"/>	<input type="checkbox"/>
Belts	<input type="checkbox"/>	<input type="checkbox"/>	Springs and Hangers	<input type="checkbox"/>	<input type="checkbox"/>
Batteries	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Condition	<input type="checkbox"/>	<input type="checkbox"/>
Tires	<input type="checkbox"/>	<input type="checkbox"/>	Pump Housing Leaks	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Fuel Level			Other		
Glass and Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	Generator	<input type="checkbox"/>	<input type="checkbox"/>
Cab Gauges	<input type="checkbox"/>	<input type="checkbox"/>	Scene Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	Repeater	<input type="checkbox"/>	<input type="checkbox"/>
Wipers	<input type="checkbox"/>	<input type="checkbox"/>	Winch	<input type="checkbox"/>	<input type="checkbox"/>
Headlights and Hi Beams	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Signal Lights	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lights	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Siren	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Starter	<input type="checkbox"/>	<input type="checkbox"/>			
Shifter	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Air Brake	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Air Alarm	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Exterior Clean	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Interior Clean	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Damage	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Radio Test 33.48	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Narrative:

Print name _____ Signature _____