

Weekly Emergency Vehicle Report

Department _____

Station _____

Apparatus Number _____

Type _____

Engine Comp.

Day of the week/Date		Mon	Tues	Wed	Thu	Fri	Sat	Sun
		___	___	___	___	___	___	___
1	Radiator Coolant							
2	Engine Oil Level							
3	Transmission Fluid							
4	Power Steering Fluid							
5	Belts/Pulleys							
6	Hoses and Hydraulic Lines							
7	Air Filter							
8	Batteries							
9	Other Hydraulic Fluids							
10	Engine (loose wires, etc.)							

In the Cab

1	Fuel Level							
2	Odometer Reading							
3	Brakes							
4	Air Pressure							
5	Battery Voltage							
6	Check Gauges							
7	Check Switches							
8	Siren/Horn/Siren Brake							
9	Steering Wheel Play							
10	Mirrors							
11	Panel Lights							
12	Interior Lights							
13	Radio							
14	Heater/AC Controls							

Walk Around

1	General Body Condition							
2	Suspension							
3	Steering Linkage							
4	Listing/Fluid Leaks							
5	Emergency Lights							
6	Vehicle Lights							
7	Spot/Scene Lights							
8	Wiper Blades/Washer Fluid							
9	Tires (Press/Tread)							
10	Ground Ladders							
11	Tools/ Fixed Equipment							
12	Start Apparatus/Monitor							
13	Driver Initials/Badge#							

Aerial Inspection

Day of the week	Mon	Tues	Wed	Thu	Fri	Sat	Sun
1							
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3							
4							
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21							

Pump Check

1							
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12							

Remarks By Person Completing Form	Date	Name