



# Charlton County Fire & Rescue

The Desire to Serve  
The Courage to Act  
The Ability to Perform



## Vehicle Inspection Checklist To Be Completed After Each Use

Date: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Weekly Inspection       Post-Trip Inspection

### Only Items Checked Require Attention

<input type="checkbox"/> Leaks Under Truck – Water, Fuel, Oil	<input type="checkbox"/> Vehicle Body
<input type="checkbox"/> Oil, Anti-Freeze, Washer Fluid	<input type="checkbox"/> Wheels, Tires, Lugs
<input type="checkbox"/> Belts – Loose, Tight, Cracked	<input type="checkbox"/> Tail Lights
<input type="checkbox"/> Guages – Ammeter, Oil Pressure, Fuel, Water Temperatures, Air Pressure or Vacuum	<input type="checkbox"/> Stop Lights
<input type="checkbox"/> Brake Hoses	<input type="checkbox"/> Engine Noises
<input type="checkbox"/> Headlights	<input type="checkbox"/> Brakes (Foot & Parking)
<input type="checkbox"/> Turn Signals and 4-Way Flasher	<input type="checkbox"/> Air Pressure Gain & Loss
<input type="checkbox"/> Reflectors	<input type="checkbox"/> Fuel Tank and Cap
<input type="checkbox"/> Clearance Lights	<input type="checkbox"/> Heater & Defroster
<input type="checkbox"/> Emergency Warning Lights	<input type="checkbox"/> Mirrors
<input type="checkbox"/> Side Marker Lights	<input type="checkbox"/> Windshield Wipers
<input type="checkbox"/> Compartment Door Locks	<input type="checkbox"/> Windshield & Windows
<input type="checkbox"/> Emergency Equipment	<input type="checkbox"/> Horn & Sirens
<input type="checkbox"/> Mounted Equipment	<input type="checkbox"/> Steering
<input type="checkbox"/> Other – If Applicable	<input type="checkbox"/> Air Systems
	<input type="checkbox"/> Drain Air Tanks of Moisture

Signature of Driver \_\_\_\_\_

To be completed by Maintenance Officer:  
Maintenance Officers Report (If defects are noted)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Use back of form for additional remarks.)



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