



CDF/County Fire Vehicle Driver's Safety Check

Date: _____ Odometer: _____ Unit #: _____

- Pre-Trip Inspection Post-Trip Inspection

Only Items Checked Require Attention:

- | | |
|--|---|
| <input type="checkbox"/> Gauges-
<i>Ammeter, Oil Pressure, Fuel,
Water Temperatures, Air Pressure
or Vacuum</i> | <input type="checkbox"/> Head Lights |
| <input type="checkbox"/> Windshield Wipers | <input type="checkbox"/> Tail Lights |
| <input type="checkbox"/> Windshield & Windows | <input type="checkbox"/> Stop Lights |
| <input type="checkbox"/> Heater & Defroster | <input type="checkbox"/> Turn Signals & 4 Way Flasher |
| <input type="checkbox"/> Mirrors | <input type="checkbox"/> Reflectors |
| <input type="checkbox"/> Brakes (Foot & Parking) | <input type="checkbox"/> Emergency Equipment |
| <input type="checkbox"/> Engine Noises | <input type="checkbox"/> Clearance Lights |
| <input type="checkbox"/> Horn & Sirens | <input type="checkbox"/> Emergency Warning Lights |
| <input type="checkbox"/> Steering | <input type="checkbox"/> Side Marker Lights |
| <input type="checkbox"/> Vehicle Body | <input type="checkbox"/> Brake Hoses |
| <input type="checkbox"/> Wheels, Tires, Lugs | <input type="checkbox"/> Compartment Door Locks |
| <input type="checkbox"/> Fuel Tank and Cap | <input type="checkbox"/> Drain Air Tanks of Moisture |
| <input type="checkbox"/> Leaks-Water, Fuel, Oil | <input type="checkbox"/> Air Systems |
| | <input type="checkbox"/> Mounted Equipment |
| | <input type="checkbox"/> Other-If Applicable |

Remarks: (Explain unsatisfactory items noted above)

Signature of Driver: _____ **Date:** _____

To Be Completed by Repair Shop

Mechanic's Report (If defects are noted)

Signature of Repair Shop: _____ **Date:** _____

Foreman or Mechanic (Use back of form for additional remarks.)



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