

**Multi County  
Ambulance Inspection Checklist**

**Certificate of Motor Vehicle Condition**

Date of Certification: \_\_\_\_\_ Agency's Fleet Number: \_\_\_\_\_  
 VIN: \_\_\_\_\_ Vehicle Owner: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 License Plate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Evaluation Check List**

<u>Item</u>	<u>Acceptable</u>	<u>Not Acceptable</u>	<u>Comments</u>
Engine			
Transmission			
Wheels & tires			
Steering			
Alignment			
Suspension			
Brakes			
Hand brake			
Lights			
Electrical system			
Vehicle and patient compartment heater and cooling system			
Glass			
Exhaust system			
Fuel system			
Body & sheet metal			

The undersigned, professing to be a motor vehicle mechanic, has of this date, evaluated the mechanical condition of the identified ambulance and determined that this vehicle is in safe operating condition. Said evaluation does NOT warrantee future status of the Ambulance due to conditions beyond mechanic's control.

\_\_\_\_\_  
 Mechanic's Signature Title Date  
 \_\_\_\_\_  
 Company Name Address Telephone