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>	Not Acceptable	<u>C</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 condition of the identified ambulan evaluation does NOT warrantee fut	ce and determi	ned that this vehicle	e is in safe operati	ng condition. Said
Mechanic's Signature	Title			Date
Company Name	Address			Telephone