



**SANTA CRUZ
COUNTY FIRE
DEPARTMENT**

Chief Nate Armstrong

6059 Highway 9, Felton, CA 95018 | (831) 335-5353 | FAX (831) 335-4053 | TDD:(831) 454-2123

EMERGENCY VEHICLE DRIVER'S SAFETY CHECK LIST

DATE:	VEHICLE ID NUMBER:	LICENSE PLATE:
<input type="checkbox"/> PRE-TRIP INSPECTION		<input type="checkbox"/> POST-TRIP INSPECTION

ONLY ITEMS CHECKED REQUIRE ATTENTION:

<input type="checkbox"/> Gauges - Ammeter, Oil Pressure, Fuel, Water Temperatures, Air Pressure or Vacuum	<input type="checkbox"/> Head Lights
<input type="checkbox"/> Windshield Wipers	<input type="checkbox"/> Taillights
<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:
(To be completed by repair shop.)

DATE:

MECHANIC'S REPORT (if defects are noted.)

SIGNATURE OF REPAIR SHOP:
(Foreman or Mechanic)

DATE:

Use back of form for additional remarks.



**SANTA CRUZ
COUNTY FIRE
DEPARTMENT**

Chief Nate Armstrong

6059 Highway 9, Felton, CA 95018 | (831) 335-5353 | FAX (831) 335-4053 | TDD:(831) 454-2123

EMERGENCY VEHICLE DRIVER'S SAFETY CHECK LIST

DATE:	VEHICLE ID NUMBER:	LICENSE PLATE:
<input type="checkbox"/> PRE-TRIP INSPECTION		<input type="checkbox"/> POST-TRIP INSPECTION

ONLY ITEMS CHECKED REQUIRE ATTENTION:

<input type="checkbox"/> Gauges - Ammeter, Oil Pressure, Fuel, Water Temperatures, Air Pressure or Vacuum	<input type="checkbox"/> Head Lights
<input type="checkbox"/> Windshield Wipers	<input type="checkbox"/> Taillights
<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:
(To be completed by repair shop.)

DATE:

MECHANIC'S REPORT (if defects are noted.)

SIGNATURE OF REPAIR SHOP:
(Foreman or Mechanic)

DATE:

Use back of form for additional remarks.