VFIS®
A Division of Glatfelter Insurance Group

Weekly Emergency Vehicle Report

Page No. ______

Name of Company: ____

Address: ____

Vehicle Mfg.: ______________________ Vehicle Unit/ID Number: ______________

Year: ______________ Serial No.: ______________ Type: ______________

Required Tire Pressure: ______________ Gross Vehicle Weight.(GVW): ______________

Front Axle: ______________________ Rear Axle(s): ______________________

DATE INSPECTION COMPLETED	INSPECTOR	BATTERY CHECK	BRAKING SYSTEM	ELECTRICAL SYSTEM LIGHTS & SIRENS	TIRES & WHEEL LUGS	FUEL LEVEL	OIL LEVEL ENGINE & HYDRAULIC	HYDRALIC SYSTEM	PUMP CHECK	COOLING SYSTEM	LUBRICATION PUMP & LADDER	ENGINE CHECK	BOOSTER TANK LEVEL	DOORS– COMPARTMENT & CAB	PORTABLE EQUIPMENT	
																SPECIAL REMARKS ON ROAD TEST INSPECTION USE OTHER SIDE

Inspection Date	Repair Date	Comments	Repairs Completed By:	Date: