

**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: \_\_\_\_\_

**Mechanical Evaluation Check List**

<u>Item</u>	<u>Acceptable</u>	<u>Not Acceptable</u>	<u>Comments</u>
Alignment			
Back-Up Alarm			
Body & sheet metal			
Belts and Hoses			
Brakes			
Electrical system			
Emergency Lights			
Engine Cooling System			
Exhaust system			
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date			
Fuel System			
Glass			
Hand/Foot Brake			
Lights			
Opticom			
Running Lights			
Siren			
Spare Tire			
Steering			
Suspension			
Transmission			
Vehicle and patient compartment heater and cooling system			
Wheels & tires			
Wipers			

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. 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