



TENNESSEE DEPARTMENT OF HEALTH
 DIVISION OF EMERGENCY MEDICAL SERVICES
VEHICLE MECHANICAL INSPECTION RECORD

THIS FORM MUST BE COMPLETED IN BLUE INK

FOR EMS OFFICE USE ONLY

 Date Received

Ambulance Invalid Vehicle

Service: _____ County _____ Date: _____

Year of Mfg _____ Make/Mfg _____ Type/Model _____ License Tag No. _____ Permit No. _____

Unit Call No. _____ Odometer Reading _____ VIN _____

Please Mark P =PASS F=FAIL on each item below PLEASE DESCRIBE QUESTIONABLE OR FAILED ITEMS by Reference Number

TIRES	P	F	Wheels	P	F	HVAC	P	F	STEERING	P	F
1. Size/Type			12. Rims/Size			22. Cool Air/Heat <20°>			34. Linkage Play		
2. Tread depth (min. 4/32")			13. Deformity			FUEL SYSTEM	P	F	35. Free Turning		
3. Condition/Damage			BRAKES	P	F	25. Fuel Pump			36. Alignment (Toe-in)		
4. Pressure			14. Failure Indicator			26. Hoses, Fittings			SUSPENSION	P	F
EXHAUST SYSTEM	P	F	15. Pedal Reserve			27. Filters, Canister			37. Stabilizer Bar		
5. Manifold			16. Hydraulic/Vacuum			28. Carburetor/Injectors			38. Springs		
6. Pipes & Fittings			17. Friction Material			29. Fuel Lines			39. Shock Absorbers		
7. Muffler			18. Mechanical Parts			30. Fuel Tank			40. Bushings		
8. Bracket/Hanger			HVAC	P	F	31. Brackets, Straps			ELECTRICAL	P	F
9. Floor Board & Floor Pan			19. Blowers/ front& rear			32. Fuel Cap & Filter			41. Volt & Amp Gauges		
10. Exhaust Pipe/Integrity			20. Defroster/front &rear			STEERING	P	F	42. All OEM/DOT Lighting		
11. Engine Emission			21. AC & Heater hoses			33. System Play			43. Horn		

The herein named vehicle has been inspected and was found to be: Acceptable Unacceptable

Inspecting Agency: _____ Phone: (_____)

Address: _____

Street City State ZIP

Inspector/Mechanic Printed Name: _____ Signature _____ Date of Inspection: _____

Service Director's Signature Date Shop Foreman /Chief Mechanic's Signature Date

PLEASE REFERENCE BY NUMBER AND DESCRIBE QUESTIONABLE OR FAILED ITEMS. USE REVERSE SIDE FOR ADDITIONAL ROOM

COMMENTS: _____