

# Incident Demobilization Vehicle Safety Inspection

**Vehicle Operator is to complete items & submit to Resource Unit Leader (RESL)**

Incident Name		Order No.	
Veh Lic #	Agency		
Type (Eng., Bus, Sedan)	Odometer Reading	Veh. ID #	

Inspection Items	*	Pass	Fail	Comments
1. Gauges and lights	*	<input type="checkbox"/>	<input type="checkbox"/>	
2. Seat belts	*	<input type="checkbox"/>	<input type="checkbox"/>	
3. Glass and mirrors	*	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wipers and horn	*	<input type="checkbox"/>	<input type="checkbox"/>	
5. Engine Compartment	*	<input type="checkbox"/>	<input type="checkbox"/>	
6. Fuel system	*	<input type="checkbox"/>	<input type="checkbox"/>	
7. Steering	*	<input type="checkbox"/>	<input type="checkbox"/>	
8. Brakes	*	<input type="checkbox"/>	<input type="checkbox"/>	
9. Drive line U-joints. Check play		<input type="checkbox"/>	<input type="checkbox"/>	
10. Springs and shocks	*	<input type="checkbox"/>	<input type="checkbox"/>	
11. Exhaust system	*	<input type="checkbox"/>	<input type="checkbox"/>	
12. Frame	*	<input type="checkbox"/>	<input type="checkbox"/>	
13. Tire and wheels	*	<input type="checkbox"/>	<input type="checkbox"/>	
14. Coupling devices		<input type="checkbox"/>	<input type="checkbox"/>	
15. Emergency exit (Buses)		<input type="checkbox"/>	<input type="checkbox"/>	
16. Pump Operation		<input type="checkbox"/>	<input type="checkbox"/>	
17. Damage on incident		<input type="checkbox"/>	<input type="checkbox"/>	
18. Other		<input type="checkbox"/>	<input type="checkbox"/>	

**\* Safety Item - Do not Release Until Repaired**

Additional Comments

HOLD FOR REPAIRS		RELEASE	
Date	Time	Date	Time
Inspector Name (Print)		Operator Name (Print)	
Inspector Signature		Operator Signature	

**If losses or damages are noted, report to the Safety Officer and Finance Section Chief.**