



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

**FOR EMS OFFICE USE
ONLY**

Date Received

VEHICLE MECHANICAL INSPECTION RECORD

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

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 SPACE.

COMMENTS: _____
