

**OKOLONA FIRE DEPARTMENT
VEHICLE SAFETY EXAMINATION FORM**

Member Name: _____ **Exam Date:** _____

Type Vehicle: _____ **Year:** _____

License Number: _____

	<u>Satisfactory</u>	<u>Unsatisfactory</u>
<u>TIRES:</u> Wear bars not showing, no extraordinary wear due wheel alignment.	_____	_____
<u>GLASS:</u> All vision unobstructed with no cracks that would interfere with vision.	_____	_____
<u>MIRRORS:</u> In place, not cracked, vans and pick-up trucks with toppers have right mirror.	_____	_____
<u>BRAKES:</u> No metal to metal sound, emergency brake functional, no swerve on braking, brake fluid level correct.	_____	_____
<u>LIGHTS:</u> All operational, including turn signals.	_____	_____
<u>WARNING EQUIPMENT:</u> Horn, red lights and siren operational.	_____	_____

Examiner: _____

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