

EQUIPMENT INSPECTION REPORT

TO:						INSPECTION NO.	LICENSE NO.	
DEPARTMENT				AGENCY CODE		DATE	EQUIPMENT NO.	
LOCATION		NO OF CYL	MAKE	YEAR	MODEL	EQUIPMENT TYPE	ODOMETER READING	
INSPECTION A		STATUS		AMOUNT APPROVED	SAVINGS	DISPOSITION		
1 <input type="checkbox"/> PARTIAL	1 <input type="checkbox"/> MECHANICAL	1 <input type="checkbox"/> REPAIR				1 <input type="checkbox"/> RETAIN	3 <input type="checkbox"/> FIELD SALE	
2 <input type="checkbox"/> COMPLETE	2 <input type="checkbox"/> ACCIDENT	2 <input type="checkbox"/> USE AS IS				2 <input type="checkbox"/> REPLACE	4 <input type="checkbox"/> SURPLUS TO NEED	
3 <input type="checkbox"/> FOLLOW UP	3 <input type="checkbox"/> REPORT ONLY					<input checked="" type="checkbox"/> EQUIPMENT PURCHASE		
LEGE <input checked="" type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> REPLACE OR REPAIR <input checked="" type="checkbox"/> REPAIR ACCOMPLISHED								
INVOICE NUMBER		DATE	VENDOR NAME/ADDRESS				INSPECTOR OF AUTOMOTIVE EQUIPMENT	
1	Form 271							
2	Oil-Lube							
3	Preventative Maintenance							
4	Safety							
5	Electrical							
6	Tires-Wheels							
7	Body-Fenders							
8	Engine							
9	Drive Train							
10	Cooling							
11	Exhaust							
12	Brakes							
13	Steering							
14	Suspension							
15	Heater A/C							
16	Emissions							
17	Other							
	Survey Recommended							