



LAFD CERT

Los Angeles Fire Department

VEHICLE CHECK LIST



**DVOC CERT MEMBERS DRIVING FIRE DEPARTMENT VEHICLES
ARE RESPONSIBLE FOR THE COMPLETION AND SUBMISSION OF THIS CHECK LIST**

DVOC CERT Driver:			CERT Attendant:		
DATE:	TIME: AM / PM		Fire Station / Location Of Vehicle:		
SHOP NO.	Sets of Keys:	Fuel Card: Y / N	CERT Team #	Starting Mileage:	
Fire Extinguisher: Y / N	F-620 Accident Packet: Y / N	Map: Y / N	Traffic Cones: Y / N	Starting Fuel Level: F ½ E (Gasoline or Diesel)	
VEHICLE OVERALL CONDITION					
Door Locks Working: Y / N Notes:		Windows Operating (Opening & Closing): Y / N Notes:		Apparatus 800Mhz Radio (if present): Working: Y / N Notes:	
Vehicle Damage: Y / N (NOTE ON ICS 214)		Driver Side Mirror: Y / N Notes:	Passenger Side Mirror: Y / N Notes:	Windshield Wipers: Y / N Notes:	
LIGHTING					
Emergency/Warning Lights Operating: Y / N Notes:		Head Lights Operating: Y / N Notes:	High Beams Operating: Y / N Notes:	Hazard Lights Operating: Y / N Notes:	
Tail Lights Operating: Y / N Notes:		Brake Lights Operating: Y / N Notes:	Turn Signals Operating: Y / N Notes:		
FLUIDS / BATTERIES					
Windshield Washer: F ½ E Notes:		Coolant: F ½ E Notes:	Transmission: F ½ E Notes:	Engine Oil: F ½ E Notes:	
Engine Hoses Good Condition: Y / N Notes:		Fluid Leaks: Y / N Notes:	Battery(s) Secure /Non Corroded: Y / N Notes:		
TIRE VISUAL INSPECTION <i>(Low Air, Damage, Gouges, Foreign Objects Protruding)</i>					
Driver Front Condition:		Passenger Front Condition:		Spare Tire Present: Y / N	
Driver Rear Condition:		Passenger Rear Condition:		Notes:	
CERT EQUIPMENT/ INVENTORY <i>(If Supplied)</i>					
Driver 800Mhz Radio #: (RED Engraving)	Attendant 800Mhz Radio #: (RED Engraving)	CERT Helmet (2): Y / N Amount:	CERT HVV (2): Y / N Amount:	ICE Chests: Y / N Amount:	EzUp/Pop Up: Y / N Amount:
END OF DEPLOYMENT <i>Changes to items first inspected are to be documented on ICS 214</i>					
Fuel Added (Full Tank): Y / N (Gasoline or Diesel)		Equipment Returned Location: (Specific area at Fire Station or other site)			
Ending Mileage:		Vehicle Keys Returned to: (Specific Location or Name of Department Member)			

Please ask Fire Department Member if assistance is needed

Note only required if deficiency is identified

CERT DRIVER SIGNATURE _____

DATE _____