

PUBLIC SAFETY VEHICLE INSPECTION FORM

(☒) Check If Acceptable)

- | | | | |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> Steering | <input type="checkbox"/> Body Condition | <input type="checkbox"/> Exhaust System | |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Seat Belts | <input type="checkbox"/> Windshield wiper, washer | |
| Mirrors: | <input type="checkbox"/> Inside | <input type="checkbox"/> Outside | |
| Brakes: | <input type="checkbox"/> Service | <input type="checkbox"/> Emergency | |
| Lights: | <input type="checkbox"/> High beam | <input type="checkbox"/> Low beam | <input type="checkbox"/> Taillights |
| Turn Signals: | <input type="checkbox"/> Front | <input type="checkbox"/> Rear | <input type="checkbox"/> Break Lights |
| License Plates: | <input type="checkbox"/> Front | <input type="checkbox"/> Rear | <input type="checkbox"/> License Illumination Lights |
| Tires: | <input type="checkbox"/> Front | <input type="checkbox"/> Rear | <input type="checkbox"/> Wheel / Rims |
| Warning Devise: | <input type="checkbox"/> Horn | <input type="checkbox"/> Siren | <input type="checkbox"/> Emergency Warning Lights |

Year & Make of Vehicle _____ Mileage _____

License Number: _____ ☐ Passenger ☐ Commercial

Insurance Company: _____

Date of Original Inspection: _____ ☐ Passed ☐ Failed

Date of Re-inspection: _____ ☐ Passed ☐ Failed

Date Decal Issued: _____ Decal Number: _____

Signature of Inspector

Date

Member Name: _____
Last First Initial

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

I am aware that the State of Ohio requires minimum insurance limits for bodily injury and property damage.



**Department
of Commerce**

Division of State Fire Marshal

Vehicle Owner

Date