

Weekly Emergency Vehicle Report

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				ehicle	- Uni	 t/ID	Nur	nber	•						
ear:		Vehicle Unit/ID Number: Serial No.: Type: _													
		Gross Vehicle Weight.(GVW):													
ront Axle: _			F	Rear	Axle((s): _									
DATE INSPECTION COMPLETED	INSPECTOR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	System of the first of the firs	WHES STELL		EN CHILL	Sy One of Hone	STATE OF THE COLOR	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0,490,70 0,70	10 10 10 10 10 10 10 10 10 10 10 10 10 1	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	13/ 36/ 14/ 15/ 14/ 15/ 16/ 16/ 16/ 16/ 16/ 16/ 16/ 16/ 16/ 16	FOUNTANIEW &	SKY STAND
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Inspection Date	Repair Date	Comments	Repairs Completed By: Date:				