



PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES



Monthly – Vehicle Check Out Form

Date of Inspection: _____ BOES- _____ Miles _____

Name of Person Performing Check Out: _____ ID# _____

Battery #1 _____ Battery #2 _____

Radiator: _____

Engine Oil: _____ Added: _____

Transmission: _____ Added: _____

Power Steering: _____ Added: _____

Fuel: _____ Added: _____

All lights: _____

All radios: _____

Team Instruments: (Meters and Etc.) _____

Team Equipment: (Handlights, Generators, SCBA, Gear, Etc.)

Team Stock: (Pads, Booms, Flares) _____

Misc Comments: _____
