

EQUIPMENT INSPECTION REPORT

DGS OFAM 006 (Revised 09/2019)

TO: _____

Date	Inspector Name		Inspector Number		License Number		
Department Name		Agency Code	Equipment Type	Equipment Number	Meter	Miles/Hours	
Location	Inspection A	Inspection B	Number of CYL.	Year	Make	Model	
Invoice Number	Invoice Date	Vendor	City	Status	Amount Approved	Savings	Disposition
					\$	\$	

		Satisfactory/Comments		
		Instructions/Comments		
		Repair Accomplished/Comments		
1	VIN Number			
2	Form 271			
3	Oil Lube			
4	Preventive Maintenance			
5	Safety			
6	Electrical			
7	Tires-Wheels			Signify which tire(s)/wheel(s):
8	Body-Fenders			Accident damage area:

9	Engine			
10	Drive Train			
11	Cooling			
12	Exhaust			
13	Brakes			
14	Steering			
15	Suspension			
16	Heater – A/C			
17	Emissions			
18				
19				
20				
21				
22				
23				
24				
25				

NOTES:	Survey Recommended	Authorization Number	Inspector of Automotive Equipment Signature	
	Yes No			
	INSTRUCTION TO VENDOR:		Email	Phone Number
	Obtain Approval	Estimated Cost		
	Yes No	\$		