

# EQUIPMENT INSPECTION REPORT

DGS-OFAM 6 (REV. 7/2015)

TO: _____			DATE	INSPECTOR NAME			INSPECTOR NUMBER	LICENSE NUMBER
DEPARTMENT			AGENCY CODE	EQUIPMENT TYPE	EQUIPMENT NUMBER	METER	MILES/HOURS	
LOCATION			INSPECTION A	INSPECTION B	NO. OF CYL.	YEAR	MAKE	MODEL
INVOICE NO.	INVOICE DATE	VENDOR	CITY	STATUS	AMOUNT APPROVED	SAVINGS	DISPOSITION	

		SATISFACTORY/COMMENTS		
		INSTRUCTIONS/COMMENTS		
		REPAIR ACCOMPLISHED		
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	
	<b>INSTRUCTION TO VENDOR:</b>			
	OBTAIN APPROVAL	ESTIMATED COST	EMAIL ADDRESS	PHONE NUMBER