

ZOLL® Road Safety Vehicle Inspection Form

Customer:	Vehicle #:	Year:	Make:
Model:	VIN:	Starting Mileage:	Date:

Pre-Installation Inspection			Post Installation Inspection		
Area Inspected (See Vehicle Diagram)	Damage yes/no	Describe Damage or Condition		Damage yes/no	
Exterior Front					
Exterior Drivers Side					
Exterior Rear/Roof					
Exterior Passenger					
Seats/Belts					
Dash/Door Panels					
Headliner					
Flooring					
*Other					
Vehicle Systems	Normal yes/no	Describe Abnormal Operation or Condition		Normal yes/no	
Interior OEM Lights					
Horn/OEM Radio					
Emg. Lights/Siren					
Emg. Radios/P.A.					
Vehicle Starts					
Warning Lts OFF					
Head Lights					
Turn Sig/Flashers					
Brake/Rev. Lights					
*Other					

ZOLL Inspector (Signature)	ZOLL Inspector (Signature)
Customer (Signature)	Customer (Signature)

Notes/Comments: