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Ladder Safety Toolbox Talk

Inspection Details

Report #: _____

Location: _____

Inspection Date: _____

Inspector Name: _____

Vehicle Details

Vehicle # : _____

Vehicle Category : _____

Vehicle Name : _____

VIN #: _____

Meter Reading: _____

Model/Year: _____

Additional Note

Overall Condition: _____

Vehicle Safe to Use: _____

Maintenance Priority: _____

Deployed: _____

Signature



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