		KANSAS	WING VEHICLE	INSPECTION CHECKL	.IST					
DATE:				MISSION #: (IF applicable)	VEHICLE'S CAP ID#:					
UNIT OF ASSIGNMENT:				MAKE:	1 4					
NCR-KS-			YEAR:							
	STATIC DIS	UNDERHOOD INSPECTION [CIRCLE CORRECT RESPONSE]								
ITEM	SAT	UNSAT	REMARKS	ITEM	SAT	UNS	AT	R	EMAR	(S
Windows	S	U		Battery	S	U				
Headlights	S	U		Brake Fluid	S	U				
Taillights	S	U		Exhaust System	S	U				
Brakelights	S	U		Oil Proper level?	S	U				
<u> </u>				Mileage a	t last change?	?				
Turn signals	S	U		Coolant Level	S	U				
Emergency Flashers	S	U		Belts & Hoses	S	U				
License Plate Light	S	U		Transmission	S	U				
Back-up Lights	S	U		Battery Cables	S	U				
Back-up Alarm	S	U		Air Cleaner Filter	S	U				
Wiper Blades	S	U		EXTERIOR INSPECTION [CIRCLE CORRECT RESPONSE]						
Horn	S	U		Body Condition	S	U				
Seats	S	U		Paint Condition	S	U	U			
Restraints	S	U		Bumpers	S	U				
Mirrors	S	U		Tires Proper tread?	S	U				
Beacon Light	S	U		Check Inflation Levels:	Υ	N		Tire gauge in vehicle?		
Wiring	S	U		FRONT TIRES RECOMMENDED PRESSURE			LF		RF	
Brakes	S	U		REAR TIRES RECOMMENDED PRESSURE	AC	TUAL	LR		RR	
WING REQUIRED ITEMS				LOG BOOK						
First Aid Kit present?	As per regulations, no first aid kit is to be			REGISTRATION						
	permanently kept in v		n vehicle.	In book?	Y	N				
				Current?	Υ	N				
Tool Kit present?	Υ	N		PROOF OF INSURANCE						
Fastened down?	Υ	N		In book?	Υ	N				
Survival Kit present?	Υ	N		Current?	Υ	N				
Any outdated items?	Υ	N	If yes, dispose of them	CAPF 73						
				In book?	Y	N				
				Current month?	Υ	N				
				Signed for monthly tire check?	Υ	N				
	MISSIC	ON READY?	☐ Yes ☐	No Inspected by:						
IF this vehicle i				ction, it SHALL be released on nder the condition, that "I take	-	_				
'grounded status'. I realize						, 101 TGIE	.o ig it	om it		_
				•	Incident	Comman	der's	Signat	ure	•