



Vehicle list

Company name: _____

	Vehicle1	Vehicle2	Vehicle3	Vehicle4	Vehicle5	Vehicle6
Manufacturer						
Vehicle type						
Reg.nr/Id						
Year of manufacture						
Reg. number/ID train as well as load weight						
Last inspection YYYY-MM-DD						
Next inspection YYYY-MM-DD						
Extra brake control YYYY-MM-DD						
Environmental class/ Euroclass						
Motor Effect						
Average fuel consumption						
Fire safety inspection YYYY-MM-DD						
Decontamination equipment						
Fire extinguisher						
First aid kit						
Vehicle binder						
Alcolock						