**VEHICLE INSPECTION**

|  |  |  |  |
| --- | --- | --- | --- |
| Inspector: |  | Date: |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CAR / VAN / TRUCK | | | | |
| Vehicle: |  | Mileage: | |  |
|  | |  |  |  |
| ITEM INSPECTED | | OK | REPAIR | COMMENTS/REPAIR DATE |
| Tires, including wear and air pressure | |  |  |  |
| Engine fluid levels | |  |  |  |
| Fuel, coolant, and oil leaks | |  |  |  |
| Brakes | |  |  |  |
| Lights including turn signals/brakes | |  |  |  |
| Horn, gauges, and controls | |  |  |  |
| Steering | |  |  |  |
| Windshield, wipers, side and rear-view mirrors | |  |  |  |
| Seat belts | |  |  |  |
| Fire extinguisher and First Aid Kit | |  |  |  |
| Loose items in cab | |  |  |  |

NOTES:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |