

Vehicle Inspection Checklist

Complete this form before operating any vehicle.

Name: _____ Date: _____

Make/Model: _____ Current Mileage: _____

License Plate Number: _____ Fuel Level: _____

Check the following. Explain any item marked "Fair" or "Poor."

| | Good | Fair | Poor | Comments |
|-------------------------|-------|-------|-------|----------|
| Body & Paint | _____ | _____ | _____ | _____ |
| Brakes | _____ | _____ | _____ | _____ |
| Turn Signals | _____ | _____ | _____ | _____ |
| A/C | _____ | _____ | _____ | _____ |
| Lights | _____ | _____ | _____ | _____ |
| Mirrors | _____ | _____ | _____ | _____ |
| Oil Level | _____ | _____ | _____ | _____ |
| Seat Belts | _____ | _____ | _____ | _____ |
| Tires | _____ | _____ | _____ | _____ |
| Windows | _____ | _____ | _____ | _____ |
| Cleanliness | _____ | _____ | _____ | _____ |
| Other: | | | | |
| Fire Extinguisher | _____ | _____ | _____ | _____ |
| Working Jack | _____ | _____ | _____ | _____ |
| Current Insurance | _____ | _____ | _____ | _____ |
| Roadside Assistance Kit | _____ | _____ | _____ | _____ |
| First Aid Kit | _____ | _____ | _____ | _____ |