

Vehicle Inspection Checklist

Vehicle (Make/Model/Year): _____

 Odometer Reading: _____ Date: _____ Time: _____ AM
 PM

Check any item that needs attention and include the details under "comments." Don't drive the vehicle until the defects you've discovered have been corrected.

Start the engine and test the following:

Noises (unusual)

	OK	NEEDS ATTENTION
Noises	<input type="checkbox"/>	<input type="checkbox"/>

Gauges

	OK	NEEDS ATTENTION
Fuel	<input type="checkbox"/>	<input type="checkbox"/>
Temperature	<input type="checkbox"/>	<input type="checkbox"/>
Dashboard warning light	<input type="checkbox"/>	<input type="checkbox"/>

Lights

	OK	NEEDS ATTENTION
Headlights	<input type="checkbox"/>	<input type="checkbox"/>
Brake lights	<input type="checkbox"/>	<input type="checkbox"/>
Turn signals	<input type="checkbox"/>	<input type="checkbox"/>
Hazard lights	<input type="checkbox"/>	<input type="checkbox"/>

Other

	OK	NEEDS ATTENTION
Windshield wipers	<input type="checkbox"/>	<input type="checkbox"/>
Fans and defroster	<input type="checkbox"/>	<input type="checkbox"/>
Brakes (and parking brake)	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust system (muffler, tailpipe)	<input type="checkbox"/>	<input type="checkbox"/>

Tires

	OK	NEEDS ATTENTION
Proper inflation	<input type="checkbox"/>	<input type="checkbox"/>
Adequate tread	<input type="checkbox"/>	<input type="checkbox"/>
Spare inflated	<input type="checkbox"/>	<input type="checkbox"/>

Leaks (look underneath)

	OK	NEEDS ATTENTION
Oil	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Safety equipment

	OK	NEEDS ATTENTION
Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>
First aid kit	<input type="checkbox"/>	<input type="checkbox"/>
Reflective triangles	<input type="checkbox"/>	<input type="checkbox"/>
Flares	<input type="checkbox"/>	<input type="checkbox"/>
Spare bulbs/fuses	<input type="checkbox"/>	<input type="checkbox"/>
Map	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contact info	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone/two-way radio	<input type="checkbox"/>	<input type="checkbox"/>
Seat belts (one for each passenger)	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

(Continued on back)

Vehicle Condition Following Driver's Inspection

- Acceptable:** Vehicle can be driven without further inspection.
- Requires Attention:** Vehicle can be driven but should be inspected by a mechanic in the next 30 days.
- Requires Immediate Attention:** Vehicle should **not** be driven until it has been inspected by a mechanic.

Driver's signature _____ Date _____

Mechanic's Repair Report

- Defects noted above have been repaired.
- Defects noted above need not be repaired for safe operation of vehicle.

Mechanic's signature _____ Date _____