

## VEHICLE INSPECTION REPORT

NAME \_\_\_\_\_  
 VEHICLE \_\_\_\_\_

DATE \_\_\_\_\_  
 LICENSE NUMBER \_\_\_\_\_

TIME \_\_\_\_\_  
 ODOMETER READING \_\_\_\_\_

Yes	No	N/A		Problems/Remarks
			Air Lines	
			Battery	
			Body	
			Brakes	
			Clutch	
			Defroster/Heater	
			Drive Line	
			Engine	
			Exhaust	
			Frame and Assembly	
			Front Axle	
			Fuel Tanks	
			Horn	
			Lights (Head, tail and turning lights)	
			Mirrors	

Yes	No	N/A		Problems/Remarks
			Muffler	
			Oil Pressure	
			Radiator	
			Rear End	
			Reflectors	
			Safety Equipment (Fire Extinguisher, Reflective Triangles, Flags-Flares)	
			Suspension System	
			Starter	
			Steering	
			Tires	
			Tire Chains	
			Transmission	
			Wheels and Rims	
			Windows	
			Windshield Wipers	

**? All defects have been corrected and approved by a supervisor**  
 Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**? Condition of the above vehicle is satisfactory**  
 Driver's Signature \_\_\_\_\_

Date \_\_\_\_\_