

Vehicle Inspection Checklist

Date:	Location:	
Make:	Model:	Year:
Vehicle Number:	Mileage:	

Item to be Checked:	Pass	Fail		Pass	Fail
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	Instruments/Gauges	<input type="checkbox"/>	<input type="checkbox"/>
Taillights	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>
Turn signals	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Windshield	<input type="checkbox"/>	<input type="checkbox"/>
Brake lights	<input type="checkbox"/>	<input type="checkbox"/>	Windshield wipers	<input type="checkbox"/>	<input type="checkbox"/>
Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
Tires and rims	<input type="checkbox"/>	<input type="checkbox"/>	Steering	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Brake system	<input type="checkbox"/>	<input type="checkbox"/>
Radiator and hoses	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust system	<input type="checkbox"/>	<input type="checkbox"/>	Seats	<input type="checkbox"/>	<input type="checkbox"/>
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	Heater/Defroster	<input type="checkbox"/>	<input type="checkbox"/>
Fuel system	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Oil/Water leaks	<input type="checkbox"/>	<input type="checkbox"/>	Safety equipment	<input type="checkbox"/>	<input type="checkbox"/>
Water level	<input type="checkbox"/>	<input type="checkbox"/>	Accident kit	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

Body damage (describe):

Remarks:

Signed by: _____ Date: _____

Mechanics report:

Mechanic: _____ Date: _____