

Employee Vehicle Inspection Checklist

Date: _____

Inspector Name: _____

Vehicle ID/License Plate: _____

A. Exterior Condition

Item	Condition (Good/Fair/Poor)	Comments
Tires (Pressure & Tread)		
Lights & Indicators		
Windows & Mirrors		
Body Condition		

B. Interior Condition

Item	Condition (Good/Fair/Poor)	Comments
Seats & Seatbelts		
Dashboard Indicators		
AC/Climate Controls		

C. Mechanical & Safety

Item	Pass/Fail	Comments
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Brakes		
Steering & Controls		
Horn & Wipers		

Inspector's Signature: _____