Georgia Institute of Technology
Environmental Health and Safety
Weekly Motor Vehicle Inspection Checklist

VEHICLE TYPE:	**DEPARTMENT:**
LICENSE NUMBER:	**VEHICLE #**

Instructions: This form must be completed weekly.

INSPECTOR NAME: _____ Today's Date: _____

ITEMS TO CHECK	Yes	NO	NA		**ITEMS TO CHECK**	Yes	NO	NA
EXTERIOR					**LIGHTS**			
Vehicle is free of fluid leaks?					High & low beam are working?			
Windshield is free of cracks?					Turn signals work properly?			
Mirrors are intact?					Brake light works?			
Vehicle free of body damages?					Back-up light works properly?			
Lights free of damages?					Warning light display normal?			
Tires are in good condition?					Hazard Lights works?			
Tires have adequate pressure?					**INTERIOR**			
Windshield Wipers are good?					Horn Works?			
UNDER HOOD					Gauges works?			
Adequate Coolant Level?					Fuel Level > ¼ tank?			
Battery is free of leaks?					Back-up alarm works?			
Windshield washer fluid?					Heating, Air Conditioner and Defroster works properly?			
					Brakes work?			
TRUNK					Parking Brake works?			
Spare tire in trunk?					Vehicle locks?			
Tools to change Tire?					All seatbelts work properly?			

Comments:_____
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