

Commercial Fleet Vehicle Inspection Log

Date

Inspector Name

Vehicle ID/Number

Odometer

Inspection Checklist

Item	Pass	Fail	Notes
Tires & Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Lights & Signals	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Windshield & Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Emergency Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Comments

Inspector Signature

Date