

# Fleet Vehicle Inspection Checklist

Date

Inspector Name

Vehicle ID / License Plate

Make / Model

Odometer Reading

Inspection Item	Pass	Fail	Comments
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lights & Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires & Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mirrors & Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Notes

Inspector Signature