

Vehicle Inspection Checklist

Date

Inspector Name

Vehicle Make/Model

License Plate

Checklist

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

Additional Notes