

Commercial Vehicle Inspection Checklist

Vehicle & Driver Information

Company Name

Driver Name

Date

Vehicle Make/Model

License Plate

Odometer Reading

Inspection Items

Component	OK	N/A	Remarks
Lights (Headlights, Tail lights, Signals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires/Wheels	<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"/>
Fluids (Oil, Coolant, Brake, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency Equipment (Triangle, First Aid, Fire Extinguisher)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Load Securement



Other



Additional Comments

Inspector Signature

Date