

Vehicle Inspection Checklist

Date:

Inspector Name:

Vehicle Identification (Make, Model, Year, VIN):

License Plate:

Item	Pass	Fail	Notes
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Tires	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Lights (Headlights, Taillights, Indicators)	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Mirrors & Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Wipers & Washers	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Fluids (Oil, Coolant, Brake, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Emergency Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Comments / Issues:

Inspector Signature: