

Company Car Safety Audit Form

General Information

Auditor Name

Audit Date

Car Make/Model

Registration Number

Current Mileage

Audit Checklist

Are the tires in good condition and properly inflated?

- ☐ Yes
☐ No
☐ N/A

Are the lights and indicators fully functional?

- ☐ Yes
☐ No
☐ N/A

Are seat belts operational and in good condition?

- ☐ Yes
☐ No
☐ N/A

Are brakes responsive and effective?

- ☐ Yes
☐ No
☐ N/A

Is the fire extinguisher present and within expiry date?

- ☐ Yes
☐ No
☐ N/A

Are all mirrors and windows intact and clean?

- ☐ Yes
☐ No
☐ N/A

Comments/Notes

Auditor Signature

Signature