

# Annual Staff Vehicle Inspection Form

## Staff Information

Name

Department

Inspection Date

## Vehicle Details

Make

Model

Year

License Plate

VIN

## Inspection Checklist

Item	Pass	Fail	Comments
Lights (Headlights, Tail lights, Indicators)	<input type="radio"/>	<input type="radio"/>	<div></div>
Brakes	<input type="radio"/>	<input type="radio"/>	<div></div>
Tires	<input type="radio"/>	<input type="radio"/>	<div></div>
Mirrors	<input type="radio"/>	<input type="radio"/>	<div></div>

Horn	<input type="radio"/>	<input type="radio"/>	<div></div>
Windshield/Wipers	<input type="radio"/>	<input type="radio"/>	<div></div>
Seat Belts	<input type="radio"/>	<input type="radio"/>	<div></div>
Fluid Levels	<input type="radio"/>	<input type="radio"/>	<div></div>
First Aid Kit	<input type="radio"/>	<input type="radio"/>	<div></div>
Fire Extinguisher	<input type="radio"/>	<input type="radio"/>	<div></div>

Additional Comments

Inspector Name

Signature

Date