

Company Vehicle Inspection Checklist

Vehicle & Inspector Information

Company Name

Vehicle Make/Model

License Plate No.

Odometer Reading

Inspection Date

Inspector Name

Checklist

Item	Pass	Fail	N/A	Comments
Tires (condition & pressure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Brakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Headlights / Taillights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Horn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Mirrors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Windshield / Wipers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Seat Belts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fluids (Oil, Coolant, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
First Aid Kit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fire Extinguisher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Additional Comments

Inspector Signature