

# Fleet Vehicle Interior Cleaning Inspection Form

## Vehicle Information

Vehicle ID / Number

Make / Model

Date

Inspector Name

## Inspection Checklist

Dashboard Cleaned

☐ Yes

☐ No

☐ N/A

Seats Vacuumed / Wiped

☐ Yes

☐ No

☐ N/A

Floor Cleaned

☐ Yes

☐ No

☐ N/A

Windows / Mirrors Cleaned

☐ Yes

☐ No

☐ N/A

Door Panels Cleaned

☐ Yes

☐ No

☐ N/A

Trash Removed

☐ Yes

☐ No

☐ N/A

Odor Checked

☐ Yes

☐ No

☐ N/A

Comments / Issues

Inspector Signature

Date & Time