

Vehicle inspection checklist

Company _____ **Driver name** _____

Date _____ **Odometer reading** _____

Part	Condition acceptable?		Notes
	Yes	No	
Vehicle body	<input type="radio"/>	<input type="radio"/>	
Windows and front/rear windshields	<input type="radio"/>	<input type="radio"/>	
Windshield wipers	<input type="radio"/>	<input type="radio"/>	
Side mirrors	<input type="radio"/>	<input type="radio"/>	
Lights <ul style="list-style-type: none"> • Headlights • Taillights • Brake lights • Reverse lights • Turn signals 	<input type="radio"/>	<input type="radio"/>	
Fluid levels or leaks	<input type="radio"/>	<input type="radio"/>	
Hoses, belts, electrical, exhaust, or other mechanical issues	<input type="radio"/>	<input type="radio"/>	
Tire tread and pressure	<input type="radio"/>	<input type="radio"/>	
Brakes	<input type="radio"/>	<input type="radio"/>	
Wheels	<input type="radio"/>	<input type="radio"/>	
Fuel cap	<input type="radio"/>	<input type="radio"/>	
License plates and tags	<input type="radio"/>	<input type="radio"/>	
Steering	<input type="radio"/>	<input type="radio"/>	
Seat belts	<input type="radio"/>	<input type="radio"/>	
Horn	<input type="radio"/>	<input type="radio"/>	
Emergency kit	<input type="radio"/>	<input type="radio"/>	
Spare tire pressure	<input type="radio"/>	<input type="radio"/>	