

VEHICLE NO.

DATE

TO BE INSPECTED BY:

VEHICLE CONDITION REPORT Here Make of Vehicle _____ Year: _____ Mileage _____ Last Mileage Serviced _____ Hour Meter _____ Hours PTO Hours _____ Is Steering Gear in Good Condition? _____ Do Brakes Work Properly? _____ Does Parking Brake Work Properly? _____ Are Both Headlights Working? _____ Are Both Parking Lights Working? _____ Are Taillights Working? _____ Are Both Back-Up Lights Working? _____ Are Signal Devices in Good Order? _____ Are Auxiliary Lights Working? _____ Condition of Windshield? _____ Is Windshield Wiper Working? _____ Are All Tires & Treads Safe? _____ Are there Flags & Flares? _____ Is First Aid Kit Fully Stocked and in
Good Condition? _____ Location and Condition of AED _____ Condition of Fire Extinguisher: _____ Tire Pressure: RF _____ RR _____ RR _____
LF _____ LR _____ LR _____ Defects: _____

Signed: _____