

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: \_\_\_\_\_