

MONTHLY VEHICLE INSPECTION REPORT

Company Name:			Date	of Inspection: _	
Employee Name:			Depa	artment:	
Vehicle License Plate:			Odoı	meter Reading:	
Instructions: Use this checklist as a guide when perform periodic evaluation to ensure that employees are continued to the co					nicle. It can also be used for
VEHI	CLE INS	SPECTION	ON		
Exterior Inspection (360 Walk-around)	Yes	No	N/A	Date Corrected	Comments
Is the vehicle exterior free of visible damage?					
Are there any signs of fluid leakage underneath vehicle?					
Is the vehicle clean in appearance?					
Are all four tires properly inflated to proper PSI?					
Is the tire tread depth and tread wearing acceptable?					
Are wiper blades adequate?					
Interior Inspection	Yes	No	N/A	Date Corrected	Comments
Is the vehicle's interior clean of debris?					
Is the interior of the vehicle free of visible damage?					
Are safety belts working properly?					
Is a first aid kit available?					
Is an emergency/accident kit available?					
Is the vehicle registration easily accessible?					
Is the vehicle insurance information accessible?					
Is a spare tire available and inflated?					
Is there a jack system available?					
Is the owner's manual available?					
Operating Inspection	Yes	No	N/A	Date Corrected	Comments
Are the headlights working?					
Are the taillights working?					
Are the brake lights working?					
Are the back-up lights working?					
Are the interior lights working?					
Are the windshield wipers working properly?					
Is the horn working?					
Are the proper mirrors available? (Rearview, side, instructor)					
Is the parking brake working?					
Do the turn signals work?					
Is the sun visor operable?					
Does the heating/cooling system work properly?					