

VEHICLE SELF-INSPECTION REPORT AUTOMOBILES, VANS AND TRUCK

NAME			DRIVER	DATE
MAKE OF VEHICLE	MODEL	YEAR	VEHICLE NO.	MILEAGE READING

NO	YES	
		BODY
		G LASS
		WHEELS AND TIRES
		SUSPENSION SYSTEM
		MUFFLER AND EXHAUST SYSTEM
		BELTS
		OIL LEVEL/LEAK
		COOLANT LEVEL/LEAK
		BATTERY
		MIRRORS (INSIDE/OUTSIDE)
		LIGHTS (HEAD/TAIL/ BRAKE /CLEARANCE)
		DIRECTION SIGNALS
		EMERGENCY FLASHERS (4-WAY)
		WINDSHIELD WIPERS/WASHERS
		HORN(S)
		SEAT BELTS
		FIRE EXTINGUISHER
		REFLECTORS/FLAGS/FLARES
		FIRST-AID KIT
		Insurance ID Card
		<i>Auto Regeristration</i>

NO	YES	
		GAUGES (OIL/FUEL/TEMP./AIR)
		HEATER/DEFROSTER
		CLUTCH
		DRIVE TRAIN
		STEERING
		SPEEDOMETER
		TRANSMISSION
		BRAKES
		PARKING BRAKE
		OTHER*
*OTHER (IDENTIFY) _____		

REMARKS _____

CONDITION OF ABOVE VEHICLE IS: ☐ SATISFACTORY ☐ UNSATISFACTORY

DRIVER'S SIGNATURE: _____ DATE: _____

☐ ABOVE DEFECTS CORRECTED

☐ ABOVE DEFECTS NEED TO BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE : _____ DATE: _____