

Vehicle inspection checklist

Vehicle #: _____ License #: _____

Driver's Name: _____ Date: _____

Inspect your vehicle for the safe condition of these items:

(Check the appropriate box.)

OK	Needs Attention	Item	OK	Needs Attention	Item
<input type="checkbox"/>	<input type="checkbox"/>	Service Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors
<input type="checkbox"/>	<input type="checkbox"/>	Parking Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Engine Oil Level
<input type="checkbox"/>	<input type="checkbox"/>	Trailer Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Radiator Water Levels
<input type="checkbox"/>	<input type="checkbox"/>	Front Tires	<input type="checkbox"/>	<input type="checkbox"/>	Fuel, Oil, or Water Leaks
<input type="checkbox"/>	<input type="checkbox"/>	Rear Tires	<input type="checkbox"/>	<input type="checkbox"/>	Body Damage
<input type="checkbox"/>	<input type="checkbox"/>	Trailer Tires	<input type="checkbox"/>	<input type="checkbox"/>	Doors (lock and latch)
<input type="checkbox"/>	<input type="checkbox"/>	Spare Tire	<input type="checkbox"/>	<input type="checkbox"/>	Windshield/Windows
<input type="checkbox"/>	<input type="checkbox"/>	Flares, Reflectors, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Top/Tail Lights
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	Directional Signals
<input type="checkbox"/>	<input type="checkbox"/>	Steering Linkage	<input type="checkbox"/>	<input type="checkbox"/>	Clearance/Marker Lights
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	Headlights
<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wiper(s)	<input type="checkbox"/>	<input type="checkbox"/>	Trailer Coupler (Hitch)
<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	Seat Belts
<input type="checkbox"/>	<input type="checkbox"/>	Items in back of truck	<input type="checkbox"/>	<input type="checkbox"/>	Non-Bungee Tie Downs

Other: _____

GIVE THE COMPLETED FORM TO YOUR SUPERVISOR. Remember, you are responsible for the condition of your vehicle. It should not be taken on the road until potentially unsafe conditions are corrected.

Driver Signature: _____ Maintenance Follow-up: _____

Maintenance was performed on the vehicle to correct those items checked by the driver as needing attention.

By: _____ Date: _____

For more information, contact your loss control representative.

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