

Vehicle Inspection

RESET FORM

Information:	EMPLOYEE:	SIGNATURE:	DATE:
UNIT #:	MODEL:	CURRENT MILEAGE:	OIL CHANGE DUE:

Inspection Checklist: # = Item # G = Good P = Poor N = N/A

#	Item Description	G	P	N	#	Item Description	G	P	N		
Lights / Exterior					Doors – Hinges / Latches / Locks						
1	Wiper Blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Head Lights – High / Low Beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	Passenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Bake / Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	Rear Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Signal Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	Rear Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	License Plate Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	Sliding Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Hazard Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	Rear Door(s) / Tail Gate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Back Up Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	Tool Box / Conduit Rack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Back Up Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior						
9	Beacon Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	Seats – Clean / Damage Free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Ladder / Conduit Rack Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	Floor / Dash / General – Clean / Damage Free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Body Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	Windows – Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Side Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	Rear View Mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Windows – Chips / Cracks / Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	Front Clear of Material / Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Body Rust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	Material / Tools – Secure / Organized in Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Exterior Body Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine Compartment / Mechanical						
17	Material Secure in Truck Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	Belts & Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tires – Wear / Pressure / Secure					44	Radiator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	Front Right	<input type="text" value=""/>	PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	Engine Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Front Left	<input type="text" value=""/>	PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	Steering Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Rear Right	<input type="text" value=""/>	PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	Radiator Coolant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Rear Left	<input type="text" value=""/>	PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	Transmission Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Spare	<input type="text" value=""/>	PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	Power Steering Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Jack / Tire Wrench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	Washer Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tires – Wear / Pressure / Secure					51	Brake Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24	First Aid Kit – Secure / Stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25	Fire Extinguisher – Secure / Charged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	Battery / Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
26	PPE Refills (eg. Ear Plugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	Fluid Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27	Safety Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
28	Registration / Insurance Slip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Item #	Comments / Additional Information <i>*Items marked as poor require additional information</i>										