



## FLEET VEHICLE INSPECTION CHECKLIST



<b>Last 6 of VIN:</b>		<b>License Plate:</b>	
<b>Odometer Reading:</b>		<b>Make and Model:</b>	
<b>Driver Name:</b>		<b>Agency:</b>	
X = Satisfactory   O = Requires Attention			
<b>DATES</b>			
<b>VEHICLE INSPECTION:</b>			
<b>PRE-START UP</b>	am	pm	am
Check all fluids (oil, washer, transmission)			
<b>INTERIOR (Start Engine)</b>			
Fuel Level			
Horn			
Steering Wheel (Feel)			
Foot Brake/Parking Brake			
Registration / Insurance Cards			
Heat/Defrost/AC			
Interior Lights			
Upholstery, Loose Objects			
Seatbelts/Child Car Seats			
First Aid Kit/Body Fluids Kit			
Fire Extinguisher			
Emergency (chains, flares, flashlight, blankets)			
<b>WINDOWS/MIRRORS</b>			
Wipers/Washers			
Mirrors/Glass Clean/Clear View			
<b>EXTERIOR</b>			
Head Lights (High/Low)			
Turn Signals (Front/Rear)			
Emergency Flashers			
Tires (Wear, PSI with gauge)			
Spare Tire (Pressure)			
Tail Lights/Back-Up Lights			
Exhaust (Sound/Emmissions)			
Dents / Scratches			
<b>UNDER CARRIAGE</b>			
Obvious Leaking fluids			
Loose/Hanging Objects			
<b>DRIVER'S INITIALS</b>			