

FLEET VEHICLE INSPECTION CHECKLIST

Last 6 of VIN:							License Plate:				
Odometer Reading:				Make and Mo			odel:				
Driver Name:					Agency:						
X = Satisfactory O = Requires Attention											
		DATES									
VEHICLE INSPECTION:											
PRE-START UP	am	pm	am	pm	am	pm	am	pm	am	pm	Comments:
Check all fluids											
(oil, washer, transmission)											
INTERIOR (Start Engine)											
Fuel Level											
Horn											
Sterring 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)											
WINDOWS/MIRRORS											
Wipers/Washers											
Mirrors/Glass Clean/Clear View											
EXTERIOR		-			-						
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											
UNDER CARRIAGE											
Obvious Leaking fluids											
Loose/Hanging Objects	L										
DRIVER'S INITIALS											