

VEHICLE SAFETY INSPECTION CHECKLIST

Name: _____ Date: _____
Vehicle Make: _____ Model: _____ Year: _____
License Plate Number: _____ State: _____ Expires: _____
Insurance Carrier: _____ Expires: _____

Please check the box next to an item that passes; circle the item if it needs to be repaired.

LIGHTS:

- | | |
|---|---|
| <input type="checkbox"/> Low Beam | <input type="checkbox"/> Left Turn Signal |
| <input type="checkbox"/> High Beam | <input type="checkbox"/> Right Turn Signal |
| <input type="checkbox"/> Brake Lights | <input type="checkbox"/> Tail Lights |
| <input type="checkbox"/> Back Up Lights | <input type="checkbox"/> Emergency Flashers |

INTERIOR:

- | | |
|---|--|
| <input type="checkbox"/> Wiper Operation | <input type="checkbox"/> Door Locks Operable |
| <input type="checkbox"/> Washer Operation | <input type="checkbox"/> Window Condition/Operable |
| <input type="checkbox"/> Heater/Defroster | <input type="checkbox"/> Horn |
| <input type="checkbox"/> Seats | <input type="checkbox"/> Seat Belts |
| <input type="checkbox"/> Rear View Mirror | <input type="checkbox"/> Brakes |
| <input type="checkbox"/> Parking Brake | |

GAUGES:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fuel | <input type="checkbox"/> Volt/Amps |
| <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Temperature |

EXTERIOR:

- | | |
|---|--|
| <input type="checkbox"/> Tire Tread (1/16") | <input type="checkbox"/> Body Damage/Loose Parts |
| <input type="checkbox"/> Tire Air Pressure | <input type="checkbox"/> Mirrors |
| <input type="checkbox"/> Windshield Condition | <input type="checkbox"/> Wiper Blades |

Not required for inspection, but recommended:

FLUID LEVELS:

- | | |
|---|---|
| <input type="checkbox"/> Oil | <input type="checkbox"/> Belts not frayed/cracked/loose |
| <input type="checkbox"/> Coolant | <input type="checkbox"/> Battery Connection clean/tight |
| <input type="checkbox"/> Brake | <input type="checkbox"/> Hoses (no cracks or leaks) |
| <input type="checkbox"/> Power Steering | <input type="checkbox"/> Steering |
| <input type="checkbox"/> No Leaks | <input type="checkbox"/> Shock Absorbers/Struts |

As the owner/operator of the above-listed vehicle, I certify that I have completed this Vehicle Safety Inspection Checklist and that all items checked are in good working order, and/or that I will make any needed repairs within 30 days.

Signature

Date