

Car Inspection Report

DRIVER MUST INSPECT THE ASSIGNED VEHICLE BEFORE THE VEHICLE IS MOVED.

Driver: Use this check list as a guide for inspecting the vehicle.

Municipality: _____ Location: _____

Date (dd/mm/yr): _____ Time: _____ AM PM

Vehicle Receiving Inspection: _____ License No.: _____

Odometer Reading - Begin: _____ End: _____

Drive Name: _____ Driver Signature: _____

Mark "OK" if item functions properly and "Repair" if repair is needed.

Check any defective items and give details in "Remarks" (see next page).

PRT = PRE-TRIP POT = POST TRIP RR = REQUIRES REPAIR

PRT	POT	RR	ENGINE OFF CRITERIA
			Engine oil within acceptable limits
			Fan belts tight and show no obvious damage - (worn, cracked)
			Coolant level acceptable - (check only when cooled)
			Tire tread and sidewalls show no damage - (weather checked, worn sipes)
			Tire inflation - (check door sticker for proper inflation pressure)
			Windows clean inside and outside
			Windshield - (no cracks or chips) wipers clean and not stuck to windshield
			Seat belt functions correctly
			Emergency / accident reporting kits and emergency equipment available
			Fire extinguisher available and charged - (should be inspected annually)

PRT	POT	RR	ENGINE ON CRITERIA
			Headlights function on both hi and lo beam
			Turn signal functions
			Brake lights function including third brake light
			Reverse lights / back up alarm functions
			Fluid leaks discovered
			Horn sounds
			Mirrors function and are clean
			Brakes function correctly
			Any new damage noted prior to using this vehicle?

Remarks: _____

Condition of vehicle is satisfactory

Driver's Signature: _____

Defects corrected

Defects need not be corrected for the safe operation
of vehicle

Mechanic's Signature: _____

Driver's Signature: _____

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