

Pickup Truck/Van Inspection Report

REQUIRED BY MTO STANDARD WHEN VEHICLE COMMERCIALY LICENSED

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		PRT	POT	RR	
			Alternator				Lights:
			Battery				• Head – Brake
			Belts And Hoses				• Tail – Dash
			Body				• Turn Signals
			Brake - Emergency				• Beacon (If Equipped)
			Brake - Fluid Level				Registration/Insurance
			Brake - Service				Reflectors
			Clutch (If Applicable)				Safety Equipment:
			Defroster/Heater				• Fire Extinguishers
			Driveline				• Flags – Flares
			Differentials				• Refelective Triangles
			Engine				Starter
			Exhaust				Steering Fluid Level
			Frame				Steering Response
			Front Axle				Suspension System
			Fuel Cap/Leaks				Tail Gate
			Gauges				Tire Condition
			Hitch				Tire Pressure
			Horn				Transmission
			License Plates				Wheels/Rims/Lug Nuts
							Windows
							Windshield Wipers

ATTENTION: THIS IS A MANDATORY MUNICIPAL VEHICLE INSPECTION TO BE PERFORMED DAILY

Trailer No.: _____

PRT	POT	RR		PRT	POT	RR	
			Brake Connections				Reflectors
			Brakes				Conspicuity Tape
			Coupling Devices				Roof/Tarp
			Doors				Suspension
			Hitch/Safety Chain				Straps
			Landing Gear/Trailer Jack				Tires
			Lights – All				Wheels and Rims

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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