

# Vehicle Inspection Report

The vehicle inspection report is completed on a quarterly basis.



Date: \_\_\_\_\_ Mileage: \_\_\_\_\_

License number: \_\_\_\_\_ State: \_\_\_\_\_

Branch location: \_\_\_\_\_ Driver: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

	SATISFACTORY	PROBLEM	DATE CORRECTED (Must be completed for ALL "Problem" issues)
Seat belts (accessibility/condition)			
Headlights			
Turn signals			
Brake lights			
Reverse lights			
Instrument panel (dashboard)			
Glass (front and rear windshields)			
Mirrors			
Windshield wipers			
Knobs and handles			
Front/Rear window defrosters			
General condition of tires (tread, visible defects)			
Recent oil change (receipt or window sticker)			
Company required items:			
■ Accident report kit			
■ Flashlight			
■ Warning reflectors/Vest			
■ Spare tire and jack			
Other:			
Miscellaneous:			

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_