

Vehicle Inspection Report

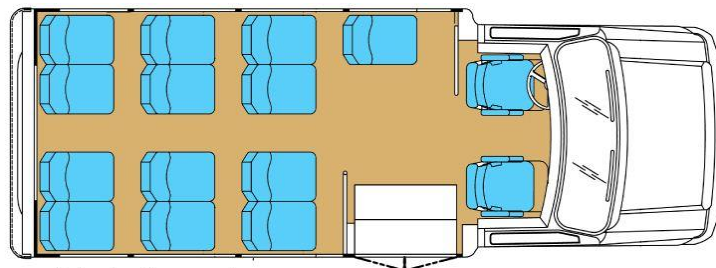
Vehicle # _____
 Driver 1 _____

Date: _____
 Driver 2 _____

Beginning Miles _____
Ending Miles _____
Total Miles Driven _____

Beginning Miles _____
Ending Miles _____
Total Miles Driven _____

	If OK Check (✓)	If Defective, Mark (X)	All defects must be described on bottom of report		
<u>Items to Check</u>	<u>Driver 1</u>	<u>Driver 2</u>	<u>Items to Check</u>	<u>Driver 1</u>	<u>Driver 2</u>
Belts/Hoses			A/C Heater/Defroster		
Power Steering Fluid			Passenger Door		
Oil Level			Emergency Exits/Lights		
Water Coolant Level			Fire Extinguisher		
Water/Oil Leaks			Emergency Reflectors		
Tires/Lug Nuts			First Aid/Accident Kit		
Head Lamps			Emergency Hatch		
Turn Signals			Seatbelts		
Hazard Lights			Registration		
Clearance Lights			Insurance information		
Brake Lights			Radio		
Backup Lights			Horn		
Glass (All) & Mirror			Clean Interior		
Clean Exterior			Driver's Seat		
Proper Decals			Passenger Seats		
Brake Pedal			Other:		
Emergency Brake					
Backup Beeper					
Gauge: Oil Pressure					
Gauges: Volt, Fuel, Temp					
Wipers/Washers					



Please mark any damage(s) discovered during inspection

Damage description or additional comments:
