

VEHICLE INSPECTION

INSPECTION POINT	PASS	FAIL	INSPECTION POINT	PASS	FAIL
1. Foot brakes (pads/shoes thickness)	<input type="checkbox"/>	<input type="checkbox"/>	9. Turn indicator lights	<input type="checkbox"/>	<input type="checkbox"/>
Min per manufacturer	_____		10. Stop Lights	<input type="checkbox"/>	<input type="checkbox"/>
Right foot	Measurements	_____	11. Front seat adjustment	<input type="checkbox"/>	<input type="checkbox"/>
Left foot	Measurements	_____	12. Doors (open, close, lock)	<input type="checkbox"/>	<input type="checkbox"/>
Right rear	Measurements	_____	13. Horn	<input type="checkbox"/>	<input type="checkbox"/>
Left rear	Measurements	_____	14. Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency brake (parking brake)	<input type="checkbox"/>	<input type="checkbox"/>	15. Bumpers	<input type="checkbox"/>	<input type="checkbox"/>
3. Steering mechanism	<input type="checkbox"/>	<input type="checkbox"/>	16. Muffler and exhaust system	<input type="checkbox"/>	<input type="checkbox"/>
Ball joints	<input type="checkbox"/>	<input type="checkbox"/>	17. Tires, incl. tread depth	<input type="checkbox"/>	<input type="checkbox"/>
Tie rods	<input type="checkbox"/>	<input type="checkbox"/>	Left front [32nd's / In]	_____	
Rack & pinion	<input type="checkbox"/>	<input type="checkbox"/>	Right front [32nd's / In]	_____	
Bushings	<input type="checkbox"/>	<input type="checkbox"/>	Left rear [32nd's / In]	_____	
4. Windshield	<input type="checkbox"/>	<input type="checkbox"/>	Right rear [32nd's / In]	_____	
Large crack	<input type="checkbox"/>	<input type="checkbox"/>	18. Interior and exterior rear view mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Small crack	<input type="checkbox"/>	<input type="checkbox"/>	19. Safety belts for driver and passenger(s)	<input type="checkbox"/>	<input type="checkbox"/>
5. Rear window and other glass	<input type="checkbox"/>	<input type="checkbox"/>	VEHICLE INSPECTION (Please circle one) PASS FAIL		
6. Windshield wipers	<input type="checkbox"/>	<input type="checkbox"/>			
7. Headlights	<input type="checkbox"/>	<input type="checkbox"/>			
8. Tail lights	<input type="checkbox"/>	<input type="checkbox"/>			

<input type="text"/> DRIVER NAME		<input type="text"/> EMAIL ADDRESS
<input type="text"/> LICENSE PLATE #	<input type="text"/> VIN #	
<input type="text"/> VEHICLE MAKE	<input type="text"/> VEHICLE MODEL	<input type="text"/> VEHICLE YEAR
<input type="text"/> DRIVER SIGNATURE	<input type="text"/> DRIVER PHONE NUMBER	<input type="text"/> DATE

TO BE COMPLETED BY INSPECTOR

<input type="text"/> INSPECTOR NAME	<input type="text"/> INSPECTOR SIGNATURE	<input type="text"/> DATE
<input type="text"/> COMPANY	<input type="text"/> VEHICLE MILEAGE	
<input type="text"/> ADDRESS		