

FLEET VEHICLE INSPECTION CHECKLIST

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TA	ES	
6		
1		

Last 6 of VIN:							License Plate:			e:		
Odometer Reading:					Make and Mo			del:				
Driver Name:					Agency:							
X = Satisfactory O = Requires Attention												
	DATES											
VEHICLE INSPECTION:			<u> </u>									
PRE-START UP	am	pm	am	pm	am	pm	am	pm	am	pm	Comments:	
Check all fluids												
(oil, washer, transmission)												
INTERIOR (Start Engine)							l					
Fuel Level												
Horn												
Sterring Wheel (Feel)												
Foot Brake/Parking Brake												
Registration / Insurance Cards												
Heat/Defrost/AC												
Interior Lights												
Upholstery, Loose Objects												
Seatbelts/Child Car Seats												
First Aid Kit/Body Fluids Kit												
Fire Extinguisher												
Emergency (chains, flares,												
flashlight, blankets)												
WINDOWS/MIRRORS	ı					<u> </u>	ı					
Wipers/Washers												
Mirrors/Glass Clean/Clear View												
EXTERIOR	ı					ı	ı	ı				
Head Lights (High/Low)												
Turn Signals (Front/Rear)												
Emergency Flashers												
Tires (Wear, PSI with gauge)												
Spare Tire (Pressure)												
Tail Lights/Back-Up Lights												
Exhaust (Sound/Emmissions)												
Dents / Scratches				<u> </u>								
UNDER CARRIAGE							ı					
Obvious Leaking fluids												
Loose/Hanging Objects												
DRIVER'S INITIALS												