



## Vehicle Inspection

Project Number:  
 Project Name:  
 Project Address:  
 City / State / ZIP:  
 Project Contact:  
 Notes:

Report Date:  
 Completed By:  
 Completed By Email:  
 Customer Name:  
 Customer Address:  
 City / State / ZIP:  
 Customer Contact:

<b>General</b>					
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#	Item/Question	Yes	No	NA	Comments
1.	Registration and insurance in vehicle				
2.	Stickers/tags up to date				
3.	Windows and windshield are clean and free of chips and cracks				

<b>Exterior</b>					
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If any items are marked C (correction needed), include details in the comment field as well as any action taken for repairs.

NA = Not Applicable    S = Satisfactory    C = Correction Needed

#	Item/Question	NA	S	C	Comments
1.	Wipers				
2.	Tires				
3.	Headlights				
4.	Tail lights				
5.	Turn signals				
6.	Back-up lights				
7.	Back-up alarm				
8.	Brakes				
9.	Sideboards				
10.	Tailgate				

<b>Under the Hood</b>					
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If any items are marked C (correction needed), include details in the comment field as well as any action taken for repairs.

NA = Not Applicable    S = Satisfactory    C = Correction Needed

#	Item/Question	NA	S	C	Comments
1.	Battery				
2.	Oil & Fluids				
3.	Coolant				
4.	Belts				



Project Name:

Form #:

Form Date:

**Safety Equipment**

#	Item/Question	Yes	No	NA	Comments
1.	First aid kit - fully stocked				
2.	Fire Extinguisher				
3.	Emergency kit				

**Acknowledgement**

<b>SIGNATURE NAME</b>	<b>SIGNATURE</b>	<b>SIGNATURE DATE/TIME</b>	<b>SIGNATURE NOTE</b>
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