Vehicle Safety Inspection Checklist

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Corrective Action** |
| Headlights: Both high and low beams operational? |  |  |  |
| Break lights and tail lights: Operational with lenses intact? |  |  |  |
| Turn signals and parking lights: Front & rear operational? |  |  |  |
| Four-way emergency flashers: Front & rear operational? |  |  |  |
| Backup lights: Operational? |  |  |  |
| License plate light: Operational? |  |  |  |
| Tires: At least 1 mm of tread over entire traction surface? Free of breaks and cuts? Properly inflated? Spare tire, jack and lug wrench available? |  |  |  |
| Windshield and Windows: Not cracked, broken or scratched to degree that impairs vision? |  |  |  |
| Windshield wipers: Both wipers present with blades in good repair? Adequate cleaning fluid level? |  |  |  |
| Mirrors: Outside and inside not cracked? |  |  |  |
| Seat belts: Adequate number of seat belts for passengers? |  |  |  |
| Brakes: Foot pedal can’t travel more than half way to floor? |  |  |  |
| Brake fluid: Filled to appropriate level? |  |  |  |
| Defroster: Operational? |  |  |  |
| Horn: Functional? |  |  |  |
| Emergency equipment in place? (First aid kit, triangles, fire extinguishers, accident camera) |  |  |  |
| Good housekeeping standards? Windshields clean? No excessive clutter in cab? |  |  |  |

**Inspection Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ Vehicle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**