

Personal Vehicle Inspection

DRIVER'S NAME _____

DATE ____ / ____ / ____ STORE # _____ LICENSE PLATE # _____

VEHICLE YEAR, MAKE, and MODEL _____

Initial in the space provided for each item below. If an item is found unsatisfactory, the problem must be corrected prior to the vehicle going back on the road. If the defect is minor, a reasonable time frame may be given.

	APPROVED?		APPROVED?
Front	YES / NO	Rear	YES / NO
High beam (driver)	____ / ____	Tail light (driver)	____ / ____
High beam (passenger)	____ / ____	Tail light (passenger)	____ / ____
Low beam (driver)	____ / ____	Brake light (driver)	____ / ____
Low beam (passenger)	____ / ____	Brake light (passenger)	____ / ____
Turn signals (driver)	____ / ____	Brake light center	____ / ____
Turn signals (passenger)	____ / ____	Hazard lights (driver)	____ / ____
Hazard lights (driver)	____ / ____	Hazard lights (passenger)	____ / ____
Hazard lights (passenger)	____ / ____	Turn signals (driver)	____ / ____
Tire condition (driver)	____ / ____	Turn signals (passenger)	____ / ____
Tire Condition (passenger)	____ / ____	Tire condition (driver)	____ / ____
Miscellaneous		Tire Condition (passenger)	____ / ____
Wipers	____ / ____	Backup light (driver)	____ / ____
Washer fluid	____ / ____	Backup light (passenger)	____ / ____
Body condition	____ / ____		
Safety belts	____ / ____		
Horn	____ / ____		
Windshield glass	____ / ____		
Accident report kit	____ / ____		
Driver side mirror	____ / ____		
Passenger side mirror	____ / ____		
Rear view mirror	____ / ____		
Keys in ignition/running	____ / ____		

By signing this inspection, I understand this is to determine obvious visible defects. This does not take the place of an inspection by a certified mechanic. My duty and responsibility is to maintain my vehicle in good condition and safe working order.

Signature of Observer _____ Date _____

Signature of Driver _____ Date _____