

Vehicle Inspection

VEHICLE INFORMATION

Make	<input type="text"/>	Make	<input type="text"/>
Year:	<input type="text"/>	Year:	<input type="text"/>
License Plate Number	<input type="text"/>	VIN	<input type="text"/>
Date of Inspection	<input type="text"/>	Inspector Name	<input type="text"/>

INSTRUCTIONS

This checklist is designed to conduct a comprehensive inspection of the vehicle to assess its safety and overall condition. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas for improvement. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

1. EXTERIOR INSPECTION

Body Condition: Check for dents, scratches, and signs of previous accidents. Lights:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Test headlights, taillights, brake lights, turn signals, and hazard lights.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Glass and Mirrors: Inspect windshields, windows, and mirrors for cracks and damage.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Tires: Check tire condition, tread depth, and inflation pressure.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
License Plates: Verify the presence and visibility of front and rear license plates.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA

Observations / Notes /
Corrective actions, if any:

2. INTERIOR INSPECTION

Seatbelts: Ensure all seatbelts are functional and in good condition.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Dashboard: Check warning lights and gauges for proper functionality.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Controls: Test all interior controls (e.g., AC, radio, windows, locks).	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Seats and Upholstery: Inspect seats and upholstery for tears or damage.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Floor Mats: Check for proper floor mat installation and secure them in place.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA

Observations / Notes /
Corrective actions, if any:

3. ENGINE COMPARTMENT

- Fluid Levels: Check engine oil, coolant, brake fluid, and windshield washer fluid levels. Yes No NA
- Belts and Hoses: Inspect belts and hoses for signs of wear or damage. Yes No NA
- Battery: Check battery terminals and ensure they are clean and secure. Yes No NA
- Engine Condition: Look for leaks or signs of engine problems. Yes No NA

Observations / Notes /
Corrective actions, if any:

4. UNDERCARRIAGE INSPECTION

- Exhaust System: Check for leaks, rust, and damage in the exhaust system. Yes No NA
- Suspension: Inspect shocks, struts, and suspension components. Yes No NA
- Brakes: Check brake lines, pads, and rotors for wear. Yes No NA
- Steering: Test the steering system for smooth operation. Yes No NA

Observations / Notes /
Corrective actions, if any:

5. SAFETY EQUIPMENT

- Spare Tire and Tools: Verify the presence of a functional spare tire and tools. Yes No NA
- Jack: Check the functionality and condition of the vehicle jack. Yes No NA
- Warning Triangles: Ensure warning triangles are available in case of emergencies. Yes No NA
- First Aid Kit: Check for the presence and completeness of a first aid kit. Yes No NA

Observations / Notes /
Corrective actions, if any:

6. VEHICLE DOCUMENTATION

- Vehicle Registration: Verify that the vehicle registration is valid and up-to-date. Yes No NA
- Insurance: Ensure the vehicle is adequately insured. Yes No NA
- Service Records: Review the vehicle's service history and maintenance records. Yes No NA
- Owner's Manual: Check for the presence of the vehicle's owner's manual. Yes No NA

Observations / Notes /
Corrective actions, if any:

7. COMPLIANCE AND EMISSIONS

Emission Control System: Check for compliance with emission standards.

Yes No NA

Vehicle Inspection Sticker: Ensure the vehicle has a valid inspection sticker.

Yes No NA

Compliance with Local Regulations: Verify compliance with local vehicle regulations.

Yes No NA

Observations / Notes /
Corrective actions, if any:

ADDITIONAL NOTES/OBSERVATIONS

[Insert any additional notes or vehicle inspection observations made during the inspection]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above vehicle inspection and that the vehicle has been thoroughly inspected for safety and compliance. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :