

MONTHLY VEHICLE SAFETY INSPECTION

DEPARTMENT

| | | | |
|--|------------------------------|-----------------------------|---------------------------|
| INSPECTOR'S NAME | | REPORT MONTH / YEAR | |
| MAKE | | MODEL | MODEL YEAR |
| VEHICLE # | | LICENSE # | MILEAGE |
| CURRENT CONDITION | OK | NEEDS WORK | *CORRECTIVE ACTION |
| Brakes | <input type="checkbox"/> | <input type="checkbox"/> | |
| Steering | <input type="checkbox"/> | <input type="checkbox"/> | |
| Windshield Wipers | <input type="checkbox"/> | <input type="checkbox"/> | |
| Windshield Condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Seat Belts Clean and Usable | <input type="checkbox"/> | <input type="checkbox"/> | |
| Head Lights | <input type="checkbox"/> | <input type="checkbox"/> | |
| Signal Lights | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tail Lights | <input type="checkbox"/> | <input type="checkbox"/> | |
| Brake Lights | <input type="checkbox"/> | <input type="checkbox"/> | |
| Four Way Flashers | <input type="checkbox"/> | <input type="checkbox"/> | |
| Floor Board Condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Body Condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Interior Condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Door Latches and Locks | <input type="checkbox"/> | <input type="checkbox"/> | |
| Interior Mirrors | <input type="checkbox"/> | <input type="checkbox"/> | |
| Exterior Mirrors | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire Extinguisher – Full | <input type="checkbox"/> | <input type="checkbox"/> | |
| Backup Alarms Operating | <input type="checkbox"/> | <input type="checkbox"/> | |
| TIRE STATUS | | | |
| Left Front | <input type="checkbox"/> | <input type="checkbox"/> | |
| Right Front | <input type="checkbox"/> | <input type="checkbox"/> | |
| Left Rear | <input type="checkbox"/> | <input type="checkbox"/> | |
| Right Rear | <input type="checkbox"/> | <input type="checkbox"/> | |
| OTHER REPAIRS NEEDED | | | |
| | | | |
| STATE SAFETY INSPECTION DATE | / | | |
| ARE THE FOLLOWING LOCATED IN THE VEHICLE? | | | |
| PROOF OF INSURANCE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| AUTOMOBILE LOSS NOTICE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| | | | |
| INSPECTOR'S SIGNATURE | | | |

* REMEMBER TO CONTACT THE AUTOMOTIVE SHOP AT EXT. 2261 TO SCHEDULE REPAIRS