



| Date | | Location | | | |
|----------------|-------|----------|---------|------|--|
| Make | Model | | | Year | |
| Vehicle Number | | | Mileage | | |

| Item to be Checked | Pass | Fail | | Pass | Fail |
|--------------------|------|------|--------------------|------|------|
| Headlights | | | Instruments/Gauges | | |
| Taillights | | | Horn | | |
| Turn signals | | | Windows/Windshield | | |
| Brake lights | | | Windshield wipers | | |
| Reflectors | | | Speedometer | | |
| Tires and rims | | | Steering | | |
| Battery | | | Brake system | | |
| Radiator and hoses | | | Seat-belts | | |
| Exhaust system | | | Seats | | |
| Suspension | | | Heater/Defroster | | |
| Fuel system | | | Mirrors | | |
| Oil/Water leaks | | | Safety equipment | | |
| Water level | | | Accident kit | | |
| Transmission | | | Other | | |

| | Body damage (describe): |
|--|-------------------------|
|--|-------------------------|

Remarks:

Signed by: _____

Date: _____

Mechanics report:

Mechanic: _____

Date: _____