

Vehicle self-inspection report

Inspection completed by: _____ Date: _____

Vehicle make: _____ Model: _____

Year: _____ Number: _____

Beginning mileage: _____ Ending mileage: _____

Before starting engine

Body	Not OK	OK
Lights: Brake, head, tail, or clearance	Not OK	OK
Direction signals or emergency flashers (four-way)	Not OK	OK
Mirrors (inside and outside)	Not OK	OK
Windows and windshield	Not OK	OK
Wheels and tires	Not OK	OK
–Air pressure to mfr. recommendation	Not OK	OK
–Minimum of 3/16 inch tread depth	Not OK	OK
–No visible sign of the tire deterioration	Not OK	OK
Windshield wipers and washers	Not OK	OK
Seat belts (all seating positions)	Not OK	OK
Seats securely fastened to the floor	Not OK	OK
Battery	Not OK	OK
Belts and hoses	Not OK	OK
Fluid levels and leaks	Not OK	OK
Muffler and exhaust system	Not OK	OK
License plate(s)	Not OK	OK
Suspension system	Not OK	OK
Fire extinguisher (Secured)	Not OK	OK
First aid kit	Not OK	OK
Reflectors, flags, and flares	Not OK	OK
Other: _____	Not OK	OK

After starting engine

Brakes	Not OK	OK
Dash camera (on and positioned)	Not OK	OK
Parking brake/clutch	Not OK	OK
Engine and drive train	Not OK	OK
Gauges (oil, fuel, temp, and air)	Not OK	OK
Heater, defroster, and air conditioner	Not OK	OK
Speedometer	Not OK	OK
Steering	Not OK	OK
Transmission	Not OK	OK
Horn	Not OK	OK
Other: _____	Not OK	OK

Remarks:

Condition of vehicle is Satisfactory Unsatisfactory

Signature: _____

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