

# 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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