

Safety Inspection Worksheet

Vehicle Information **Student name** _____

Vehicle Year & Make _____ License Plate Number _____ Mileage _____

Procedure **Pass** _____ **Fail** _____ **VIN #** _____

1. Weekly Inspect the following and record condition as necessary.

Check lighting	✓ = good		Fluid Levels	✓ = good
head lamps & aim			Engine oil level	
tail lamps			Engine oil condition	
parking lamps			Coolant level	
turn signal			Coolant condition	
brake lamps			Power steering fluid level	
reverse lamps			Battery electrolyte level	
4 way flashers side			Battery terminals	
marker lamps			brake fluid level / leaks	
license plate lamps			Window Washer fluid	
inside indicators			Radiator hoses condition	
			Heater hose condition	
Horn operation			Tires	
			condition	
			tread depth	

Parent Signature _____

Date _____

Return weekly to auto shop class for credit.