Example My Company Vehicle Inspection Checklist

Date Inspected:	Vehicle #:		Custodian:	Mileage:
Item	ок	N/A	Needs Repair	Comments
Vehicle Accident Report – Form Report – Form 48-100 (2-02)	0			
Shipping papers (hazardous chemicals) if necessary	5			
Vehicle Registration				
Insurance information (self- insured number)				
Tires (Inflation, tread depth)				
Springs				
Shocks				
Exhaust System				
Engine				
Steering				
Hom				
Mirrors				
Mobile Radio				
First Aid Kit/Eyewash				
Fire Extinguishers				
Winch Line & Hook				
Winch Brake				
Brakes working				
Parking Brake				
Windshield Wipers				
Windshield				
Washers				
Headlights: Hi/Lo				
Turn Signals				
Brake Lights				
Backup Lights				
Instrument Lights				
Tail Lights				
Body Condition				
Paper Work				
Backup Alarm				
Site Specific Requirement	nts/Equipm	ent:		

Control Tier: 2
Documentum Document Number: UPS-US-SW-ONS-ALL-ALL-HSE-DOC-00105

Print Date:2/18/2010 Revision Date: 4/19/04

PAPER COPIES ARE UNCONTROLLED. THIS COPY VALID ONLY AT THE TIME OF PRINTING.