

Example My Company Vehicle Inspection Checklist

Date Inspected: _____ **Vehicle #:** _____ **Custodian:** _____ **Mileage:** _____

Item	OK	N/A	Needs Repair	Comments
Vehicle Accident Report – Form Report – Form 48-100 (2-02)				
Shipping papers (hazardous chemicals) if necessary				
Vehicle Registration				
Insurance information (self-insured number)				
Tires (Inflation, tread depth)				
Springs				
Shocks				
Exhaust System				
Engine				
Steering				
Horn				
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 Requirements/Equipment:
