BROWN

Vehicle Inspection Report

(Once inspection has been completed, return this form to your Department Vehicle Coordinator)

Registration No.	Make	Model	Year	Odometer Reading

	Interval	Code		Interval	Code
CHECK:			**Other:**		
General Tire Condition	Daily				
Gauges	Daily				
Leaks	Daily				
Headlights	Daily				
Back-up Lights	Daily				
Directionals	Daily				
Flashers	Daily				
Noises	Daily				
Horn	Weekly		**Comments**:		
Windshield Wipers	Weekly				
Brakes	Weekly				
Fluids	Weekly				
General Body Condition	Weekly				

Code List: **1 = Emergency** **2 = Needs attention** **3 = Satisfactory**

Inspected by: _____
Print Name

Date of Inspection:_____/_____/____ _____

Please complete form weekly. Items listed as "daily" should be inspected prior to using the vehicle each day. Use the "Other" column to note additional items inspected.