# Vehicle Inspection Report

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

<table>
<thead>
<tr>
<th>Registration No.</th>
<th>Make</th>
<th>Model</th>
<th>Year</th>
<th>Odometer Reading</th>
</tr>
</thead>
<tbody>
<tr>
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<thead>
<tr>
<th>Interval</th>
<th>Code</th>
<th>Other:</th>
</tr>
</thead>
</table>

**CHECK:**

- General Tire Condition: Daily
- Gauges: Daily
- Leaks: Daily
- Headlights: Daily
- Back-up Lights: Daily
- Directionals: Daily
- Flashers: Daily
- Noises: Daily
- Horn: Weekly
- Windshield Wipers: Weekly
- Brakes: Weekly
- Fluids: Weekly
- General Body Condition: Weekly

**Comments:**

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.