

Monthly Vehicle Inspection Checklist

Department: _____

Vehicle No: _____ Date _____

Driver's Name (Printed): _____

Inspected by (Name): _____

List Problems:

- | | |
|-------|--|
| _____ | <input type="checkbox"/> Brakes (Pedal Pressure) |
| _____ | <input type="checkbox"/> Both Tail Lights |
| _____ | <input type="checkbox"/> Windshield Wipers |
| _____ | <input type="checkbox"/> Windshield Defroster |
| _____ | <input type="checkbox"/> Horn |
| _____ | <input type="checkbox"/> Mirrors (Adjust before driving) |
| _____ | <input type="checkbox"/> Turn Signals |
| _____ | <input type="checkbox"/> Backup Lights |
| _____ | <input type="checkbox"/> Headlights (High & Low Beam) |
| _____ | <input type="checkbox"/> Brake Lights |
| _____ | <input type="checkbox"/> Hazard Lights |
| _____ | <input type="checkbox"/> Seat Belts (Front & Back) |
| _____ | <input type="checkbox"/> Tires |
| _____ | <input type="checkbox"/> Tread |
- ☐ Inflation ☐ Spare ☐ Fluid Levels ☐ Gasoline ☐ Power Brakes ☐ Windshield Washer ☐ Oil
☐ Coolant ☐ Power Steering ☐ Transmission

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