

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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