

EMPLOYEE VEHICLE INSPECTION

EMPLOYEE NAME: _____

CURRENT MILEAGE: _____ DATE OF INSPECTION: _____

VEHICLE DESCRIPTION: _____

VEHICLE TAG #: _____ EXPIRATION: _____

PROOF OF AUTO LIABILITY INSURANCE _____ EXPIRATION: _____

INSPECTION COMPLETED BY: _____

ITEM TO BE CHECKED:	ADEQUATE	NEEDS REPAIRS / REPLACED: (explain problem and plan of correction)
BRAKE LIGHTS		
HEAD LIGHTS		
TURN SIGNALS		
TIRES / CHECK TREAD WEAR		
WIPER BLADES		
DOORS OPEN / CLOSE / LOCK / UNLOCK		
MIRRORS / REARVIEW AND SIDE		
WINDOWS ROLL UP / DOWN		
HEATING / COOLING SYSTEM		
SEAT BELTS		
CLEANLINESS OF INSIDE / OUTSIDE		