



Vehicle Self-Inspection Report

Inspection Completed By:				Date:	
Vehicle Make:		Model:		Year:	
Beginning Mileage:			Ending Mileage:		
Not OK	OK	Before Starting Engine	Not OK	OK	After Starting Engine
		Body			Brakes
		Brake/head/tail/clearance lights			Parking brake
		Direction signals/emergency flashers (4-way)			Drive train
		Glass/mirrors (inside and outside)			Gauges (oil/fuel/temp/air)
		Wheels and tires			Heater/defroster/air conditioner
		- Air pressure to manufacturer's recommendation			Speedometer
		- Minimum of 1/8 inch tread depth			Steering
		- No visible sign of tire deterioration			Transmission
		Windshield wipers and washers			Other:
		Horn			
		Seat belts all seating positions	Remarks:		
		Seats securely fastened to the floor			
		Battery			
		Belts			
		Fluid levels/leaks			
		Muffler and exhaust system			
		Suspension system			
		Fire extinguisher			
		First aid kit			
		Reflectors/flags/flares			
		Other:			

Condition of above vehicle is ☐ Satisfactory ☐ Unsatisfactory

Signature: _____