

## 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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