**Vehicle Inspection Sheet**

*VEHICLE AND OWNER INFORMATION*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Owner Name | | Vehicle description | | | | | |
| License numbe | Mileage (km’s) | Date of inspection (D/M/Y) | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |

***VEHICLE CONDITION CHECK* ✓**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Day 1** | | | | **Day 2** | | | | **Day 3** | | | | **Day 4** | | | | **Day 5** | | | | |
| **Status** | Good | Fair | | Poor | Good | Fair | | Poor | Good | Fair | | Poor | Good | Fair | | Poor | Good | Fair | | Poor |
| Motor Oil |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| Coolant / Anti-Freeze |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| Brakes (Foot/Hand) |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| Exhaust/mufflers |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| General (body) |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| General (mechanical) |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| Mirrors |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| Seat belts |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| Steering |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| Tires (incl. spare) |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| Windshield, wipers condition |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| Washer fluid level |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| **Lights** | OK | | Replace | | OK | | Replace | | OK | | Replace | | OK | | Replace | | OK | | Replace | | |
| Brake |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
| Head |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
| Signal |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |

***VEHICLE EQUIPMENT CHECK* ✓**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Comments** (from all sections) |
| Emergency response numbers posted |  |  |  |  |  |  |
| Radio/Cel/Sat Phone |  |  |  |  |  |  |
| Tools, equip. secured |  |  |  |  |  |  |
| Axe, Shovel, Pulaski, Water Can |  |  |  |  |  |  |
| Fire Extinguisher |  |  |  |  |  |  |
| First Aid, Survival Kits |  |  |  |  |  |  |
| Flares/Triangles/Cones |  |  |  |  |  |  |
| Flashlight |  |  |  |  |  |  |
| Tire Jack/Wrench |  |  |  |  |  |  |
| Jumper Cables |  |  |  |  |  |  |
| Cargo Netting/Restraint |  |  |  |  |  |  |
| Environmental Spill Kit |  |  |  |  |  |  |
| Tow Rope, Chains |  |  |  |  |  |  |

***OPERATOR* */ INSPECTOR SUPERVISOR***

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | Date | Signature | Date |