

Commercial Vehicle Inspection Report

Vehicle Identification _____

Date _____

Component	Yes	No	Comments
Oil and coolant levels sufficient?	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate rearview mirrors?	<input type="checkbox"/>	<input type="checkbox"/>	
Windshield wiper blades, washer fluid level?	<input type="checkbox"/>	<input type="checkbox"/>	
Intact windshield, with no cracks?	<input type="checkbox"/>	<input type="checkbox"/>	
Horn operative?	<input type="checkbox"/>	<input type="checkbox"/>	
Correctly adjusted headlights?	<input type="checkbox"/>	<input type="checkbox"/>	
Turn/directional signals and flashers o.k?	<input type="checkbox"/>	<input type="checkbox"/>	
Reflectors in good shape?	<input type="checkbox"/>	<input type="checkbox"/>	
Brake lights functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Service brakes operating properly and trailer brake connections do not leak?	<input type="checkbox"/>	<input type="checkbox"/>	
Steering Mechanism has no slack?	<input type="checkbox"/>	<input type="checkbox"/>	
Taillights & License plate light operate?	<input type="checkbox"/>	<input type="checkbox"/>	
Properly load-rated and inflated tires?	<input type="checkbox"/>	<input type="checkbox"/>	
Tires tread depth adequate for trip?	<input type="checkbox"/>	<input type="checkbox"/>	
Wheels and Rims, no cracks rust?	<input type="checkbox"/>	<input type="checkbox"/>	
Coupling Device locks, no slack?	<input type="checkbox"/>	<input type="checkbox"/>	
Tight muffler system?	<input type="checkbox"/>	<input type="checkbox"/>	
Safety belts operate and in use?	<input type="checkbox"/>	<input type="checkbox"/>	
Properly serviced fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>	
Three (3) functioning reflective triangles?	<input type="checkbox"/>	<input type="checkbox"/>	
All seating secured to the frame?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance ID card and registration?	<input type="checkbox"/>	<input type="checkbox"/>	
Passengers instructed to wear seatbelts?	<input type="checkbox"/>	<input type="checkbox"/>	
Driver knowledgeable in safe backing?	<input type="checkbox"/>	<input type="checkbox"/>	
Accident report kit?	<input type="checkbox"/>	<input type="checkbox"/>	

Driver Signature: _____

Above Listed Defects Have Been Repaired by; Signature: _____

Date Repaired: _____ **Driver Acknowledgement:** _____