

Vehicle Safety Inspection Report

Date:

Time:

Inspector Name:

Vehicle Make:

Model:

Year:

License Plate:

VIN:

Inspection Checklist

Item	Condition (Pass / Fail / N/A)	Comments
Brakes		
Lights (Headlights, Taillights, Signals)		
Tires/Wheels		
Mirrors		
Windshield & Wipers		
Seat Belts		
Horn		
Fluids (Oil, Coolant, etc.)		
Emergency Equipment (Triangle, Extinguisher, etc.)		
Other		

Additional Comments

Inspector Signature:

Date: