

Blank Commercial Vehicle Inspection Checklist

Company Name:

Date:

Inspector Name:

Vehicle Type/Model:

Vehicle License Plate:

Odometer Reading:

Location:

VIN:

Inspection Items

Item	Pass	Fail	N/A	Comments
Brakes				
Steering Mechanism				
Lights & Reflectors				
Tires & Wheels				
Windshield & Wipers				
Mirrors				
Horn				
Emergency Equipment				
Suspension				
Exhaust System				
Cargo Securement				
Other				

Inspector's Notes

Inspector Signature:		Date:	
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This form is for general reference only. Modify checklist according to vehicle type and local regulations.