

# Motor Vehicle Inspection Log Sheet

Date

YYYY-MM-DD

Inspector Name

Enter Name

Vehicle ID / Plate No.

Enter Vehicle ID

Location

Enter Location

Item Checked	Pass	Fail	Comments
Brakes			
Lights & Signals			
Tires & Wheels			
Mirrors			
Horn			
Windshield/Wipers			
Seat Belts			
Fluid Levels			
Leaks (Oil/Coolant)			
Other			

General Remarks / Actions Taken

Enter remarks...

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Inspector Signature

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Date