

# Vehicle Safety Inspection Form

**Inspection Date**

**Inspector Name**

**Location**

**Vehicle Owner**

**Make**

**Model**

**Year**

**License Plate**

**Inspection Checklist**

Item	Pass	Fail	Comments
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Taillights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	
Fluid Leaks	<input type="checkbox"/>	<input type="checkbox"/>	

**General Comments / Additional Observations****Inspector Signature****Date**