

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

General Comments / Additional Observations

Inspector Signature

Date