

# Fleet Vehicle Inspection Sheet

## Vehicle Information

Vehicle ID / Number

Make / Model

License Plate

Odometer Reading

Date

Time

Inspector Name

## Inspection Checklist

Item	Pass	Fail	Comments
Exterior Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Headlights / Taillights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Brake Lights / Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires Condition/Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Windshield/Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fluid Levels (Oil/Coolant/Washer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Dashboard Indicators	<input type="checkbox"/>	<input type="checkbox"/>	
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Kit (First Aid, Triangle, Extinguisher)	<input type="checkbox"/>	<input type="checkbox"/>	

## Additional Notes

Add any other notes or observations here...

Inspector Signature

Date