

Light Truck Inspection Checklist Form

Date:

Inspector Name:

Truck ID / License Plate:

Driver Name:

Odometer Reading:

Inspection Checklist

Item	Pass	Fail	Remarks
Exterior Lights (Head, Tail, Turn, Brake)	<input type="checkbox"/>	<input type="checkbox"/>	
Horn & Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	
Windshield & Wipers	<input type="checkbox"/>	<input type="checkbox"/>	
Brakes (Foot & Parking)	<input type="checkbox"/>	<input type="checkbox"/>	
Steering	<input type="checkbox"/>	<input type="checkbox"/>	
Tires & Wheels	<input type="checkbox"/>	<input type="checkbox"/>	
Fluid Levels (Oil, Coolant, Brake, Washer)	<input type="checkbox"/>	<input type="checkbox"/>	
Body Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher / First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	
Tools & Jack	<input type="checkbox"/>	<input type="checkbox"/>	
Leaks (Fluid Under Vehicle)	<input type="checkbox"/>	<input type="checkbox"/>	
General Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments / Actions Required

Inspector Signature:

Date: