

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

Additional Comments / Actions Required

Inspector Signature:

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Date:

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