

# Vehicle Safety Inspection Checklist

Vehicle Make/Model

Year

License Plate

Date

Inspector Name

## Checklist

Item	Status	Comments
Brakes	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Lights (Headlights, Taillights, Blinkers)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Tires & Wheels	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Windshield & Wipers	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Mirrors	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Horn	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Seat Belts	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Steering	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Exhaust System	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Fluid Leaks	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Emergency Equipment	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>

Additional Notes

Inspector Signature

Date

