

# Blank Commercial Vehicle Inspection Form

Company Name

Inspection Date

Inspector Name

## Vehicle Information

Vehicle ID / Plate Number

Make & Model

Year

Odometer Reading

## Inspection Checklist

Component	OK	Needs Repair	N/A	Comments
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tires & Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows & Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments

Inspector Signature

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Date

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Driver Signature

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Date

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