

# Fleet Vehicle Safety Checklist

## Vehicle & Inspection Details

Vehicle Make/Model:

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Vehicle ID/Number:

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License Plate:

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Date:

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Odometer Reading:

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Inspector Name:

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Time:

## Checklist

Item	Pass	Fail	Comments/Repairs Needed
Brakes			
Lights (Headlights, Brake, Turn Signals)			
Tires (Condition & Pressure)			
Mirrors			
Windshield/Wipers			
Fluids (Oil, Coolant, Washer, etc.)			
Horn			
Steering			
Seat Belts			
Emergency Equipment (Triangle, Fire Extinguisher, etc.)			

## Additional Notes

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Inspector Signature

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Supervisor Signature