

VEHICLE INSPECTION FORM

Vehicle Driver's Name		Driver's License #		Expiration Date	
Date of Use		Time Out		Time In	
Pre-use Odometer reading	Post-use Odometer Reading	Pre-use Fuel Level		Post-use Fuel Level	

Reason For Use

Inspect each item on the list, inspect for proper function as well as any noticeable damage. If correct, indicate 'OK' in the appropriate box; if damaged or not working properly indicate 'broken' or 'damaged' in the appropriate box and indicate details in the notes section. Do NOT leave boxes blank.

Item	Pre-use	Post-use	Notes
Headlights			
Taillights			
Brake lights			
Turn Signals			
Hazard lights			
Horn			
Tires (pressure, tread, wear)			
Windshield			
Side windows			
Back window			
Visible leaks			
Oil level			
Coolant Level			

