

PERSONAL VEHICLE INSPECTION

DRIVER'S NAME: _____

DATE: ____/____/____ STORE #: _____ LIC. PLATE#: _____

VEHICLE YEAR, MAKE and MODEL: _____

Check Yes or No in the space after each item in the "Approved" column. If an item is found unsatisfactory, the problem must be corrected prior to the vehicle going back on the road. If the defect is minor, a reasonable time frame may be given for repair.

| | <u>APPROVED?</u> | | <u>APPROVED?</u> |
|----------------------------|------------------|----------------------------|------------------|
| | YES/NO | | YES/NO |
| FRONT: | | REAR: | |
| High beam (driver) | ____/____ | Tail light (driver) | ____/____ |
| High beam (passenger) | ____/____ | Tail light (passenger) | ____/____ |
| Low beam (driver) | ____/____ | Brake light (driver) | ____/____ |
| Low beam (passenger) | ____/____ | Brake light (passenger) | ____/____ |
| Turn signals (driver) | ____/____ | Brake light center | ____/____ |
| Turn signals (passenger) | ____/____ | Hazard lights (driver) | ____/____ |
| Hazard lights (driver) | ____/____ | Hazard lights (passenger) | ____/____ |
| Hazard lights (passenger) | ____/____ | Turn signals (driver) | ____/____ |
| Tire condition (driver) | ____/____ | Turn signals (passenger) | ____/____ |
| Tire condition (passenger) | ____/____ | Tire condition (driver) | ____/____ |
| | | Tire condition (passenger) | ____/____ |
| | | Backup light (driver) | ____/____ |
| | | Backup light (passenger) | ____/____ |
| MISCELLANEOUS: | | | |
| Wipers: | ____/____ | | |
| Washer Fluid: | ____/____ | | |
| Body Condition: | ____/____ | | |
| Safety Belts: | ____/____ | | |
| Horn: | ____/____ | | |
| Windshield Glass: | ____/____ | | |
| Driver Side Mirror: | ____/____ | | |
| Passenger Side Mirror | ____/____ | | |
| Rear View Mirror: | ____/____ | | |
| Keys in Ignition/running: | ____/____ | | |
| Accident Reporting Kit | ____/____ | | |

By signing this inspection, I understand this is to determine obvious visible defects. This does not take the place of an inspection by a certified mechanic. My duty and responsibility is to maintain my vehicle in good condition and safe working order.

Signature of Driver: _____ Date: _____

Signature of Observer: _____ Date: _____

Company Name: _____