

VEHICLE INSPECTION REPORT

Vehicle Owner: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip) (Local Phone)

Vehicle Description: _____
(Year) (Make) (Model)

VIN: _____ Engine Size: _____

Transmission Type/Speed : _____ Tire Size: _____

	Not Defective	Defective		Not Defective	Defective
Four-way Flashers			Brake Linings & Drums		
Wiring			Wheels - Lugs & Studs		
Speedometer Operative			Tie Rods		
Windshield Wipers (2)			Shocks		
Instrument Panel Gauges			Ball Joints		
Glass			Wheel Alignment		
Hand Brake (Parking)			Clutch		
Air Pressure (Adequate?)			Frame		
Low Air Warning			Exhaust System		
Hoses & Connections (AIR)			Batteries		
Pressure Test For Leaks (AIR)			Wheel Bearings		
Operation of Brake System (AIR)			Springs		
Safety Equipment			Leaks - Fuel, water, oil		
Fire Extinguishers			Fuel Tanks (ICC approved)		
Body, Doors, Hinges, Mounts			Appearance, Lettering		

Inspector - Please indicate your estimate of value for this equipment if you feel qualified to do so.

Inspected By: _____

Date: _____ Location: _____