**Non-Commercial Vehicle Inspection Report**

Autos, Pickups, Vans

The following checklist is intended to assist employees who drive for a living in determining the safety of the vehicle within his/her operation. Any “no” answer should be cause for concern and corrective action. Prior to each out-of-town trip and at least once a week, drivers should complete the following checklist:

Vehicle Identification Date

|  |  |  |  |
| --- | --- | --- | --- |
| **Component** | **Yes** | **No** | **Comments** |
| Adequate rearview mirrors? |  |  |  |
| Safety belts? |  |  |  |
| Windshield wiper blades and fluid? |  |  |  |
| Horn? |  |  |  |
| Correctly adjusted headlights? |  |  |  |
| Brakes with adequate stopping power? |  |  |  |
| Emergency brake? |  |  |  |
| Turn/directional signals? |  |  |  |
| Oil and coolant levels? |  |  |  |
| Brake lights? |  |  |  |
| Taillights? |  |  |  |
| License plate light? |  |  |  |
| Tight muffler system? |  |  |  |
| Properly serviced fire extinguisher? |  |  |  |
| Properly load-rated and inflated tires? |  |  |  |
| Intact windshield, with no cracks? |  |  |  |
| All seating secured to the frame? |  |  |  |
| Insurance ID card and registration? |  |  |  |
| Passengers instructed to wear seatbelts? |  |  |  |
| Driver knowledgeable in safe backing? |  |  |  |
| Accident report kit? |  |  |  |

The described vehicle, subject to State licensing requirements is equipped with the above items in good operating condition; **Yes**  **No**

**Employee Signature:**

**Supervisor’s Signature**