

# VEHICLE SELF INSPECTION

Center Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Vehicle: \_\_\_\_\_ Name of Inspector: \_\_\_\_\_

ARE THE FOLLOWING IN WORKING ORDER?	YES	NO	REPORTED
Fire extinguisher (readily accessible and fully charged?)			
Horn			
Mirrors			
Turn Signals			
Hazard Signals			
Headlights			
Brake Lights			
Taillights			
Tires			
Windshield Wipers			
Windshield Wiper Fluid Levels			
Seat belts			
Condition of Windows			
Condition of Body			
Brakes			
Heat			
Emergency Doors or Exits			
Emergency Warning Devices (reflective triangles, lighted lamps, road flares, etc.)			
Are First Aid Supplies Current?			
Are Registration and Insurance Current?			
Date of Last Oil Change: _____ Next Oil Change Due: _____			
Date of Last Vehicle Maintenance Service:		Next Service Due (mileage):	
_____		_____	
_____		_____	
Additional Comments: _____			
_____			
_____			
_____			