Vehicle Inspection Checklist

Driver Name	
Make/Model/Year	
VIN or Unit #	
Odometer Reading (km)	

Documentation

Item	Checked (Yes/No)
Manufacturer's handbook	Yes ☐ No ☐
Service record book (up-to-date)	Yes ☐ No ☐
Company driver's handbook	Yes ☐ No ☐
Accident report form	Yes ☐ No ☐
Copy of annual safety inspection (sticker or form)	Yes ☐ No ☐

Vehicle - Interior

Item	Satisfactory (Yes/No)
Heating	Yes ☐ No ☐
Air Conditioning	Yes ☐ No ☐
Windshield defogging system	Yes ☐ No ☐
Window operation	Yes ☐ No ☐
Door handles / locks	Yes ☐ No ☐
Alarm	Yes ☐ No ☐
Seats	Yes ☐ No ☐
Seat belts work and free of damage / excessive wear	Yes ☐ No ☐
Interior Lights	Yes ☐ No ☐
Mirrors are in good position and properly adjusted	Yes ☐ No ☐
No warning lights are on	Yes ☐ No ☐
Fuel levels	Yes ☐ No ☐
Oil level is sufficiently high	Yes ☐ No ☐
Washer fluids levels are sufficiently high	Yes ☐ No ☐
Radiator fluid levels are sufficient	Yes ☐ No ☐
Emergency roadside supplies are properly stocked and located in the trunk of vehicle	Yes ☐ No ☐

Engine Compartment

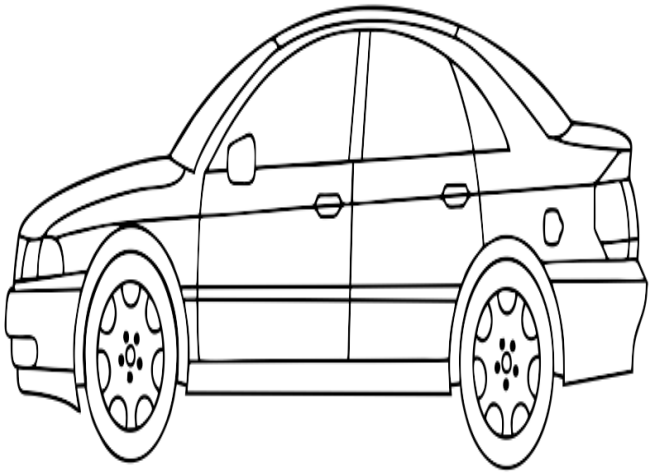
Item	Satisfactory (Yes/No)
Engine oil level	Yes ☐ No ☐
Coolant level (anti-freeze)	Yes ☐ No ☐
Battery secured	Yes ☐ No ☐
Brake fluid level	Yes ☐ No ☐
Transmission fluid level	Yes ☐ No ☐
Windshield washer bottle full with correct fluid	Yes ☐ No ☐

Vehicle - Exterior

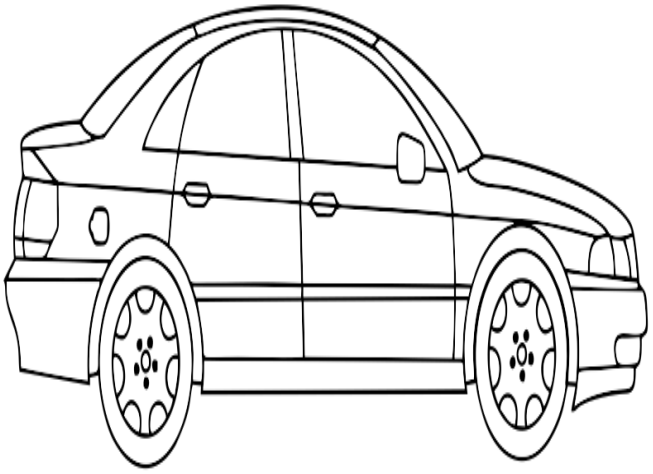
Item	Satisfactory (Yes/No)
Windows/windshield not severely cracked	Yes ☐ No ☐
Functional Windshield wipers	Yes ☐ No ☐
Headlights (high/low beam)	Yes ☐ No ☐
Tail lights / brake lights	Yes ☐ No ☐
Emergency brake in good working order	Yes ☐ No ☐
Power brakes are in good working order	Yes ☐ No ☐
Horn	Yes ☐ No ☐
Tires in good shape (no damages /bald tires/properly inflated).	Yes ☐ No ☐
No air leaks (walk around the vehicle and listen for air leaks while driver applies the brakes)	Yes ☐ No ☐
No oil / grease leaks (at wheel seals or under the vehicle)	Yes ☐ No ☐
No fuel leaks or odour of gasoline detected	Yes ☐ No ☐
Mirrors are in good position and properly adjusted	Yes ☐ No ☐
Exhaust system is in good working order	Yes ☐ No ☐
Wheels and fasteners are fitted tightly	Yes ☐ No ☐
Turn signals	Yes ☐ No ☐
Vehicle is free of excessive damage	Yes ☐ No ☐
All loads are fastened / secured appropriately	Yes ☐ No ☐
Vehicle condition is satisfactory	Yes ☐ No ☐
Defects reported	Yes ☐ No ☐

Additional Comments:

Private Passenger Vehicle:



Left Side of Private Passenger Vehicle



Right Side of Private Passenger Vehicle

Additional Comment(s):

Inspection Performed by:

Employee Name: _____

Signature: _____

Date: _____ **Time:** _____