



# Vehicle Inspection Log

Date: \_\_\_\_\_ License Plate: \_\_\_\_\_

Odometer Reading:

Start: \_\_\_\_\_ Stop: \_\_\_\_\_

**Perform a check of the following;**

- Oil
- Fluids (windshield washer, antifreeze, water, etc.)
- Windshield Wipers
- Break lights
- Turn Signals (Right and Left, Front and back)
- Emergency Flashers
- Tail Lights
- Head Lights
- Horn function
- Tire Condition
- First Aid Kit and all contents
- Fire Extinguisher
- Wheelchair Safety Straps (if applicable)
- Wheelchair Power Lift (if applicable)

Pertinent Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person performing inspection: \_\_\_\_\_