

Vehicle Inspection Report

BLANK TEMPLATE

DATE	TIME	CHECK TYPE Pre / Post-trip	TEMPLATE Van
VEHICLE / UNIT ID	PLATE	ODOMETER	INSPECTOR / DRIVER
LOCATION			

Mark each check: P = pass, D = defect, N/A = not applicable. Describe every defect and how serious it is.

CHECK ITEM	RESULT	SEVERITY	DEFECT DETAILS
EXTERIOR			
Body panels, doors and visible damage	☐ P ☐ D ☐ N/A		
Windshield and windows clear, undamaged	☐ P ☐ D ☐ N/A		
Mirrors and cameras secure and clean	☐ P ☐ D ☐ N/A		
Wipers and washers working	☐ P ☐ D ☐ N/A		
Headlights and high beam	☐ P ☐ D ☐ N/A		
Brake, tail and reverse lights	☐ P ☐ D ☐ N/A		
Turn signals, hazards and reflectors	☐ P ☐ D ☐ N/A		
License / number plates secure and legible	☐ P ☐ D ☐ N/A		
Exhaust: no leaks, smoke or excess noise	☐ P ☐ D ☐ N/A		
WHEELS			
Tire tread, sidewalls and inflation	☐ P ☐ D ☐ N/A		
Wheels, rims and wheel nuts secure	☐ P ☐ D ☐ N/A		
Spare tire and jack	☐ P ☐ D ☐ N/A		
ENGINE BAY			
Engine oil level	☐ P ☐ D ☐ N/A		
Coolant level	☐ P ☐ D ☐ N/A		
Brake and power steering fluid	☐ P ☐ D ☐ N/A		
Washer fluid level	☐ P ☐ D ☐ N/A		
No leaks; belts and hoses intact	☐ P ☐ D ☐ N/A		
Battery secure, not leaking	☐ P ☐ D ☐ N/A		
CABIN			
Dashboard warning lights after start	☐ P ☐ D ☐ N/A		
Service brake pedal feel and travel	☐ P ☐ D ☐ N/A		
Parking brake holds	☐ P ☐ D ☐ N/A		
Steering free play and power assist	☐ P ☐ D ☐ N/A		
Horn	☐ P ☐ D ☐ N/A		
Seats and seat belts	☐ P ☐ D ☐ N/A		
Heater, defroster and demister	☐ P ☐ D ☐ N/A		
EQUIPMENT			
Emergency kit: triangles, extinguisher, first aid	☐ P ☐ D ☐ N/A		
Registration and insurance documents	☐ P ☐ D ☐ N/A		
Previous inspection report reviewed	☐ P ☐ D ☐ N/A		

CHECK ITEM	RESULT	SEVERITY	DEFECT DETAILS
CARGO			
Cargo doors, latches and tailgate lock	☐ P ☐ D ☐ N/A		
Load secured and within weight limits	☐ P ☐ D ☐ N/A		
Bulkhead, floor and racking secure	☐ P ☐ D ☐ N/A		
Side marker lights	☐ P ☐ D ☐ N/A		

GENERAL NOTES

SIGN-OFF

DRIVER / INSPECTOR

I have inspected this vehicle and reported the defects above.

REPAIR CERTIFICATION (MECHANIC / MANAGER)

- ☐ Defects corrected
- ☐ Correction not needed for safe operation

Signature

Date / time

Signature

Date

NEXT DRIVER REVIEW

I have reviewed this report and the repair certification above.

Signature

Date