

# Vehicle Inspection Report

BLANK TEMPLATE

|                   |       |                               |                    |
|-------------------|-------|-------------------------------|--------------------|
| DATE              | TIME  | CHECK TYPE<br>Pre / Post-trip | TEMPLATE<br>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 |
|---------------------------------------------------|------------------------------------------------------------------------------------|----------|----------------|
| <b>EXTERIOR</b>                                   |                                                                                    |          |                |
| Body panels, doors and visible damage             | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Windshield and windows clear, undamaged           | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Mirrors and cameras secure and clean              | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Wipers and washers working                        | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Headlights and high beam                          | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Brake, tail and reverse lights                    | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Turn signals, hazards and reflectors              | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| License / number plates secure and legible        | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Exhaust: no leaks, smoke or excess noise          | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| <b>WHEELS</b>                                     |                                                                                    |          |                |
| Tire tread, sidewalls and inflation               | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Wheels, rims and wheel nuts secure                | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Spare tire and jack                               | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| <b>ENGINE BAY</b>                                 |                                                                                    |          |                |
| Engine oil level                                  | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Coolant level                                     | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Brake and power steering fluid                    | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Washer fluid level                                | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| No leaks; belts and hoses intact                  | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Battery secure, not leaking                       | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| <b>CABIN</b>                                      |                                                                                    |          |                |
| Dashboard warning lights after start              | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Service brake pedal feel and travel               | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Parking brake holds                               | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Steering free play and power assist               | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Horn                                              | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Seats and seat belts                              | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Heater, defroster and demister                    | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| <b>EQUIPMENT</b>                                  |                                                                                    |          |                |
| Emergency kit: triangles, extinguisher, first aid | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |

| CHECK ITEM                             | RESULT                                                                             | SEVERITY | DEFECT DETAILS |
|----------------------------------------|------------------------------------------------------------------------------------|----------|----------------|
| Registration and insurance documents   | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Previous inspection report reviewed    | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| <b>CARGO</b>                           |                                                                                    |          |                |
| Cargo doors, latches and tailgate lock | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Load secured and within weight limits  | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Bulkhead, floor and racking secure     | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> N/A |          |                |
| Side marker lights                     | <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> 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