

Monthly Vehicle Inspection Checklist

Driver Name		Vehicle License Number	
Make / Model		Mileage/ Hours	

Lights	Satisfactory		Comments
Headlights – high and low beam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Parking Lights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Turn Signal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tail Lights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Brake Lights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fluids and Lubricants	Satisfactory		Comments
Engine Oil	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Coolant Fluid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Transmission Fluid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Power Steering Fluid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Brake Fluid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Battery Cables <i>(Do Not Remove Cover)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Windshield Washer Fluid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tires	Satisfactory		Comments
Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General	Satisfactory		Comments
Horn	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mirrors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Wiper Blades	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Seat Belts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Submit checklist to Fleet Project Manager the first of every month.

Inspection Performed by:

Employee Name: _____ Signature: _____

Date: _____ Time: _____