

VEHICLE SAFETY INSPECTION FORM

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| | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| SEAT BELTS: Malfunctioning, weakened or missing belts. | | | GLASS: Obscured by damages, missing or malfunctioning. | | |
| | OK | SERVICE | | OK | SERVICE |
| Front | <input type="checkbox"/> | <input type="checkbox"/> | Front | <input type="checkbox"/> | <input type="checkbox"/> |
| Rear | <input type="checkbox"/> | <input type="checkbox"/> | Rear | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Sides | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| MIRRORS: Missing, malfunctioning or obscured. | | | LIGHTS: Missing or malfunctioning. | | |
| | OK | SERVICE | | OK | SERVICE |
| Inside | <input type="checkbox"/> | <input type="checkbox"/> | Turn-signals: | | |
| Outside | <input type="checkbox"/> | <input type="checkbox"/> | RF | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | RR | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | LF | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | LR | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Headlamps: | | |
| | | | HI | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | LO | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Rear: | | |
| | | | R | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | L | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Brake: | | |
| | | | R | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | L | <input type="checkbox"/> | <input type="checkbox"/> |

SUMMARY OF SERVICE REQUIREMENTS:

Inspector's Signature _____

Date _____