

Vehicle Inspection Checklist

Driver's Name: _____

Department: _____

Date Inspected: _____

Inspected By: _____

The following items should be inspected on a weekly basis by the driver's supervisor or other designated employee and any deficiencies noted below. Appropriate action will be taken on any deficiencies, and the date corrected will be noted on this form.

Item	O.K.	Deficient	Corrected	Comments
Brakes				
Tires and Wheels				
Steering				
Lights and Reflectors				
Horns				
Windshield Wipers				
Mirrors				
Interior *Check under & behind the seats				
- No trash on seats or floor *				
- Not excessively dirty				
- No damage to interior				
Exterior not excessively dirty				

Note: Smoking is not allowed in a County vehicle.

(Signature of Driver)

(Signature of Supervisor/Inspector)