



Company Vehicle Safety Inspection Report

Vehicle			
Year	Make	Model	License #

Lights	Comments	Yes	No
Head Lamps	Dim		
	Bright		
Tail Lamps			
Brake Lamps			
Side Marker Lamps			
Turn Signals			
Reverse Lamps			
Emergency Flashers			
Running/Clearance Lamps			
Cargo Lamps			

Warning Devices	Comments	Yes	No
Horn			
Reverse / Back Up Signal			

Driver's Visibility	Comments	Yes	No
Wipers/Wiper Blades			
Washer			
Defroster/Defogger	Front		
	Rear (if equipped)		
Windshield/Glass Condition			
Mirrors (side view & rear view)			

Gauges	Comments	Yes	No
Speedometer			
Odometer			
Tachometer			
Fuel gauge			
Oil Pressure			
Temperature			
Ammeter			

Occupant Safety / Security	Comments	Yes	No
Safety Belts			
Door Locks			
Heater / Air Conditioning			

Drivability	Comments	Good	No
Steering			
Brakes	Primary Brakes		
	Park/Emergency		
	Anti Lock System		

Suspension	Comments	Good	No
Shocks			
Springs / McPherson Struts			
Wheel Alignment			

Drivetrain	Comments	Good	No
Engine: Starting			
Operating / Idling / Running			
Transmission/Transaxle			
Universal Joints			
Differential			
Clutch			

Tires	Comments	Good	No
Even tread wear			
Correct inflation			

Exhaust System	Comments	Good	No
Pipes			
Mufflers			
Catalytic Converter			

Exterior	Comments	Good	No
Roof: Top & Side Panels			
Front: Bumper, Grille, Head Lamps			
Hood			
Left Side: Front fender			
Door(s) Panels			
Rear Fender			
Right Side: Front Fender			
Door(s) Panels			
Rear Fender			
Rear: Bumper, Tail Lamps			
Trunk lid/tailgate/hatch			

Interior	Comments	Good	No
Dashboard			
Door Panels			
Rear Deck			
Carpets/Mats			
Seats/Upholstery			
Headliner			

Mechanical	Comments	Good	No
Fluid Levels			
Motor Oil Level			
Transmission Fluid Level			
Brake Fluid Level			
Coolant/Anti-Freeze Level & Condition			
Battery Fluid Level			
Windshield Cleaner Solution			
Hoses			
Connections & Fittings			
Leaks			

Electrical Connections	Comments	Good	No
Secure, wrapped or insulated			
Battery free of corrosion			

General	Comments	Good	No
Excessive grease build up			
Water, fluid, condensation apparent?			

Miscellaneous	Comments	Yes	No
Spare Tire, Jack, Tools on Board			
Vehicle Registration			
Current Safety Inspection Certificate			
Proof of Insurance Certificate			

Other			

Inspected By:	
Reviewed By:	

Company Driver Evaluation Checklist

Date of Evaluation: _____

Driver: _____

Evaluator: _____

	YES	NO
Pre-Drive Safety Check	<input type="checkbox"/>	<input type="checkbox"/>
Safety Belt Use	<input type="checkbox"/>	<input type="checkbox"/>
Looks back before reversing	<input type="checkbox"/>	<input type="checkbox"/>
Safe Speed	<input type="checkbox"/>	<input type="checkbox"/>
Signals at least 3 seconds before turn	<input type="checkbox"/>	<input type="checkbox"/>
Signals at least 3 seconds before lane changes	<input type="checkbox"/>	<input type="checkbox"/>
Checks mirrors and looks before lane changes / Checks blind spots	<input type="checkbox"/>	<input type="checkbox"/>
Observes posted speeds	<input type="checkbox"/>	<input type="checkbox"/>
Maintains proper following distance	<input type="checkbox"/>	<input type="checkbox"/>
Correct lane travel / Positions vehicle in lane properly	<input type="checkbox"/>	<input type="checkbox"/>
Executes turns correctly	<input type="checkbox"/>	<input type="checkbox"/>
Brings vehicle to a complete stop at stop sign before continuing	<input type="checkbox"/>	<input type="checkbox"/>
Checks mirrors periodically	<input type="checkbox"/>	<input type="checkbox"/>
Can explain correct collision avoidance techniques	<input type="checkbox"/>	<input type="checkbox"/>
Can explain correct accident reporting procedures	<input type="checkbox"/>	<input type="checkbox"/>