

## FluidTruck: Vehicle Inspection Form

Inspection Facility and Date:		Completed By: (Inspector Name)	
Vehicle Year:		Vehicle Make/Model:	
Vehicle VIN:		Vehicle License Plate #	
Any Engine Lights:		Vehicle Mileage:	
Does the A/C/Heater Work:		Any other concerns:	
Any Fluid Leaks:		Outstanding Safety Recalls?	
Transmission Concerns:			

# VEHICLE INSPECTION

INSPECTION POINT	PASS	FAIL
<b>1. Foot brakes (pads/shoes thickness)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Min per manufacturer	_____	
Right foot                      Measurements	_____	
Left foot                        Measurements	_____	
Right rear                      Measurements	_____	
Left rear                        Measurements	_____	
<b>2. Emergency brake (parking brake)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Steering mechanism</b>	<input type="checkbox"/>	<input type="checkbox"/>
Ball joints	<input type="checkbox"/>	<input type="checkbox"/>
Tie rods	<input type="checkbox"/>	<input type="checkbox"/>
Rack & pinion	<input type="checkbox"/>	<input type="checkbox"/>
Bushings	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Windshield</b>	<input type="checkbox"/>	<input type="checkbox"/>
Large crack	<input type="checkbox"/>	<input type="checkbox"/>
Small crack	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Rear window and other glass</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Windshield wipers</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Headlights</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Tail lights</b>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION POINT	PASS	FAIL
<b>9. Turn indicator lights</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Stop Lights</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Front seat adjustment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Doors (open, close, lock)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Horn</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Speedometer</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Bumpers</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Muffler and exhaust system</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. Tires, incl. tread depth</b>	<input type="checkbox"/>	<input type="checkbox"/>
Left front                      [ 32nd's / In ]	_____	
Right front                     [ 32nd's / In ]	_____	
Left rear                        [ 32nd's / In ]	_____	
Right rear                      [ 32nd's / In ]	_____	
<b>18. Interior and exterior rear view mirrors</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19. Safety belts for driver and passenger(s)</b>	<input type="checkbox"/>	<input type="checkbox"/>

**VEHICLE INSPECTION**

(Please circle one)

**PASS**                       **FAIL**