

Company Vehicle Inspection Checklist

Risk Control from Liberty Mutual Insurance

Inspection to be performed by company vehicle custodian at prescribed times.

This is in addition to inspections performed by repair facilities or state and local inspection programs.

This is not a substitute for FMCSA or State DOT required pre and or post trip inspections.

Current Mileage Vehicle Number

License Number State

Vehicle Serial Number (VIN) Model Year

Make Model

Body Style Date Purchased

City and state where vehicle is garaged

Instructions

Check the following. Explain any item marked "Fair" or "Poor". Comments should include corrective action plan when condition is shown as fair or poor.

Inspection Date: _____

Good	Fair	Poor	Item	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Body and paint	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake lights	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor covering	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headlights	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turn signals	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup lights and license plate light	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil consumption	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat belts	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upholstery	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window glass	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle interior, windows, and storage areas are clean	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment and personal items are properly secured to prevent movement	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spare tire present and properly inflated	_____

Has required maintenance since last inspection been completed on schedule Yes No

Estimated annual mileage:

Business use: _____ **Personal use:** _____

Number of new tires needed in next six months: _____

Comments regarding repairs needed or vehicle performance:

Custodian Signature

Local Vehicle Administrator

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