

Vehicle Inspection Report

Vehicle inspected by: _____
 Business name: _____
 Address: _____
 City, State, and Zip Code: _____
 Telephone #: _____

Vehicle Information

Make: _____ Model: _____
 Year: _____ Mileage Reading: _____
 VIN: _____

Items	Inspected	Needs Attention	Needs Immediate Attention	Estimated Cost
1. Tire Wear/Condition Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Tire Wear/Condition Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Drive Axle Joint Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Steering Linkage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Wheel Bearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Condition of Struts & Shocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Condition of Front Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Condition of Rear Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Brake, Hydraulic system (fluid, visual check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Emergency Brake Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Wheel Alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Clutch System (fluid, visual check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Condition of Muffler/Exhaust Pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Engine Oil (condition, fluid, leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Transmission Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Condition of Drive Belts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Condition of Radiator/Coolant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Condition of Radiator & Heater Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Condition of Battery/Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Condition of Spark Plugs/Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Condition of Air Filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Condition of Wiper Blades/Coolant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Head Light Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Stop, Tail, Turn Signal Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Heater/AC Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Engine Compression Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Condition of Windows/Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Condition of Accessories (cruise, locks etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature: _____ Date: _____