

MONTHLY VEHICLE INSPECTION TO BE TURNED IN BY THE 20<sup>TH</sup> WITH YOUR CREDIT CARD RECEIPTS

<u>OK</u>	<u>REPAIR</u>	<u>**ENGINE OFF CRITERIA**</u>
		ENGINE OIL WITHIN ACCEPTABLE LIMITS
		FAN BELTS TIGHT AND SHOW NO OBVIOUS DAMAGE
		COOLANT LEVEL ACCEPTABLE
		TIRE TREAD AND SIDE-WAIS SHOW NO DAMAGE
		TIRE INFLATION
		WINDOWS CLEAN INSIDE AND OUTSIDE
		WINDSHIELD WIPERS CLEAN AND NOT STUCK TO WINDSHIELD
		SEAT BELT FUNCTIONS CORRECTLY
		EMERGENCY / INCIDENT REPORTING KITS AVAILABLE
		COUPLING DEVICES (TRAILER HITCH)
		ENGINE ON CRITERIA
		HEADLIGHTS FUNCTION ON BOTH HI AND LO BEAM
		TURN SIGNALS FUNCTION
		BRAKE LIGHTS FUNCTION INCLUDING THIRD BRAKE LIGHT
		STEERING MECHANISM
		FLUID LEAKS DISCOVERED
		HORN SOUNDS
		MIRRORS FUNCTION AND ARE CLEAN

SEE BACK SIDE FOR MORE

<u>OK</u>	<u>REPAIR</u>	<u><b>**ENGINE OFF CRITERIA**</b></u>
		BRAKES FUNCTION CORRECTLY

Vehicle Receiving Inspection: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Odometer Number: \_\_\_\_\_

NOTES:

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I have personally inspected the vehicle above and have found it to be in the condition listed above.

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

If it is turned in on paper and not legible it will be thrown away.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
AM--PM

TIME: \_\_\_\_:\_\_\_\_