

FLEET VEHICLE SAFETY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Exterior and Body Condition

- Yes No — Vehicle body is free from major dents, rust, or damage
- Yes No — Mirrors and windows are clean and not cracked
- Yes No — Windshield wipers are functional and blades are in good condition

Tires and Wheels

- Yes No — Tread depth meets safety standards
- Yes No — Tires are properly inflated and free of damage
- Yes No — Lug nuts are secure and wheels show no signs of cracks or warping

Lights and Signals

- Yes No — Headlights, brake lights, and tail lights are operational
- Yes No — Turn signals and hazard lights function correctly
- Yes No — Backup lights and alarms are functional

Engine and Fluid Levels

- Yes No — Oil, coolant, brake fluid, and windshield washer fluid are at proper levels
- Yes No — No fluid leaks are visible under the vehicle
- Yes No — Battery terminals are clean and cables are secured

Brakes and Suspension

- Yes No — Brake pedal is firm and brakes respond properly
- Yes No — Parking brake functions effectively
- Yes No — Suspension shows no excessive bouncing or unusual noises

Interior Safety and Cleanliness

- Yes No — Seatbelts are present and function properly
- Yes No — Dashboard warning lights are off and gauges function normally
- Yes No — Vehicle interior is clean and free of obstructions

Emergency Equipment

- Yes No — Fire extinguisher is present, charged, and accessible
- Yes No — First aid kit is stocked and within reach
- Yes No — Reflective triangles or warning devices are available

Documentation and Compliance

Yes No — Insurance and registration documents are current and onboard

Yes No — Inspection and maintenance logs are up to date

Yes No — Driver's license and certification are valid

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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