## **Auto Inspection Sheet**

Driver Name:	Auto Ma	ake & Model:	
Driver Insurance Company Name:		Policy Term <u>:</u>	
-	should be completed at least once of a vehicle be driven if it has any defects	every six months and at time of hire. Undo	er no
	Are the following in wo	orking condition?	
☐Yes ☐ No	Brakes (Including parking)		
☐Yes ☐ No	Brake lights		
☐Yes ☐ No	Headlights (Driving lights and high bear	ms)	
☐Yes ☐ No	Turn Signals		
☐Yes ☐ No	Glass (Front and rear windshields as we	ell as all windows.)	
☐Yes ☐ No	Windshield wipers (Front and rear)		
☐Yes ☐ No	Windshield washer fluid		
☐Yes ☐ No	Safety belts		
☐Yes ☐ No	Mirrors (Both side mirrors and rearview	v mirror)	
☐Yes ☐ No	Horn		
☐Yes ☐ No	Windshield defroster		
☐Yes ☐ No	Tire Tread - is at least an eighth inch fro	om peak to valley. You can use the penny test.	
☐Yes ☐ No	Emergency Flashers		
☐Yes ☐ No	Clutch (If applicable)		
☐Yes ☐ No	Speedometer		
Inspector Notes:			
Inspector Signature:_		Inspection Date:	
Inspector Name (Print	)	Inspector Title:	