VEHICLE SAFETY INSPECTION CHECK LIST					DATE OF INSPECTION	
NAME OF Driver (LAST, FIRST, MI)			DRIVERS LIC. #		EXPIRATION DATE	
R		VEHICLE	Vehicle NUMBER		EXPIRATION DATE	
ORGANIZATION			STATE REGISTRATION		EXPIRATION DATE	
LICENSE PLATE # / ST YR/MAKE		OF VEHICLE	STATE SAFETY INSPECTION #		EXPIRATION DATE	
INSURANCE COMPANY			INSURANCE POLICY#		EXPIRATION	DATE
		CHECK THE API	PROPRIATE COLUMN			1
ITEM		SATISFACTORY	REPAIR OR ADJUST	DEFECTIV	DEFECTIVE (TEM(S)	
LIGHTS: Do they work? Are they cracked? (High & low HEAD / TABL / EMERGENCY / BACK UP / TURNSIGNALS / PARKING / BRAKE / LICENSE PLATE)						
HORN: Functional?						
BRAKES: Will the emergency brake hold?						
WINDSHIELD WIPERS: Both wipers present and in good condition? Rear if applicable.						
WINDSHIELD: Free from cracks that impair vision?						
TIRES(Include Spare): At least 1mm of tread over the entire traction surface? Penny: If you can see the top of Lincoln's head, not enough TREAD! Initiation?						
EXHAUST SYSTEM: Free of leate? Extractive noise or smoke coming from exhaust?						
REAR VIEW MIRROR: Serviceable? Side mirrors if applicable?						
DOORS AND GLASS: Open and close freely? Cracked glass? Tinted no more than legal limit? Check at craft shop.						
FUEL TANK: Free from leaks? Gas cap missing?						
SEAT BELTS: One for each seating position, serviceable?						
ALL FLUIDS: Fluids filled to correct level? (OIL / TRANSMISSION / STEERING / CLUTCH / BRAKEB /COOLANT/ WINDSHIELD WASHER)						
BABY/CHILD SEAT (as applicable): SECURED / INSTALLED PROPERLY		N/A				