



FLEET VEHICLE INSPECTION REPORT



DATE: _____

MILEAGE: _____

HOURS: _____

While receiving service/repairs, unit number _____, assigned to your department, was inspected for it's overall condition and appearance. The findings of this inspection are indicated below.

	EXCELLENT	GOOD	FAIR	POOR	ABUSED
A. EXTERIOR					
1. Paint/Finish	_____	_____	_____	_____	_____
2. Window Glass	_____	_____	_____	_____	_____
3. Body Panels/Lenses	_____	_____	_____	_____	_____
4. Attachments	_____	_____	_____	_____	_____
B. INTERIOR					
1. Head Liner	_____	_____	_____	_____	_____
2. Controls	_____	_____	_____	_____	_____
3. Accessories	_____	_____	_____	_____	_____
4. Cleanliness	_____	_____	_____	_____	_____
5. Seat	_____	_____	_____	_____	_____
C. MECHANICALS					
1. Driveline	_____	_____	_____	_____	_____
2. Wheels/Tires	_____	_____	_____	_____	_____
3. Brakes	_____	_____	_____	_____	_____
4. Cooling System	_____	_____	_____	_____	_____
5. Chassis	_____	_____	_____	_____	_____
6. Service Interval	_____	_____	_____	_____	_____
7. Fluid Levels	_____	_____	_____	_____	_____
8. Suspension	_____	_____	_____	_____	_____

COMMENTS:
