



VEHICLE SAFETY INSPECTION CHECKLIST

Date: _____

License number _____ Mileage _____ Name of inspector _____

ITEM	CHECK/OK	ADD	SERVICED	REPLACED	REMARKS
Test drive					
Lights and turn signals					
Horn					
Wiper blades					
Washer operation					
Brakes – front and rear					
Shocks / Struts					
Hoses					
Belts					
Fluid levels					
Tires					
Wear condition					
Pressure					
Spare					
Jack and lug wrench					
Windshield glass and mirrors					

Comments:

Name _____ Signature _____ Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14

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