

Vehicle Inspection Record

T-00101

Inspection must be completed each time the vehicle is used in the shop for pm work. Specify any problems in the remarks section.

VEHICLE NUMBER	ODOMETER READING
27	74,914

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Headlights | <input checked="" type="checkbox"/> Horn | <input type="checkbox"/> Emergency Triangles |
| <input checked="" type="checkbox"/> Clearance Lights | <input checked="" type="checkbox"/> Reverse Lights | <input checked="" type="checkbox"/> Accident Packet |
| <input checked="" type="checkbox"/> Turn Signals | <input type="checkbox"/> A/C | <input type="checkbox"/> Engine Smoking |
| <input checked="" type="checkbox"/> Hazard Lights | <input checked="" type="checkbox"/> Dash Lights | <input type="checkbox"/> No Power |
| <input checked="" type="checkbox"/> Brake Lights | <input checked="" type="checkbox"/> Brake(s) All | <input checked="" type="checkbox"/> Seat Belts |
| <input checked="" type="checkbox"/> Windshield | <input checked="" type="checkbox"/> Heater | <input checked="" type="checkbox"/> Transmission |
| <input checked="" type="checkbox"/> Windows | <input checked="" type="checkbox"/> Lift Gate | <input type="checkbox"/> Engine Knocks |
| <input checked="" type="checkbox"/> Wipers | <input checked="" type="checkbox"/> Floor/Seats | <input checked="" type="checkbox"/> Steering |
| <input checked="" type="checkbox"/> Mirrors | <input checked="" type="checkbox"/> Door(s) | <input type="checkbox"/> Leaks |
| <input checked="" type="checkbox"/> Tires/Wheels | <input type="checkbox"/> Fire Extinguisher | <input checked="" type="checkbox"/> Interior Clean |

BODY DAMAGE

- CHECK HERE IF NO NEW DAMAGE



REMARKS _____

WORK DONE REMARKS

Replaced RR turn signal; Replaced RR brake light; Changed oil & filter

SUPERVISOR

MECHANIC SIGNATURE

DATE TIME

David

1/17/2013

