
	Monthly Vehicle Inspection Checklist			Page 1 of 2
	Department QHSE	Document Ref. No. HSEDOCUMENTS	Issue Date 00000000	Revision 00

INSTRUCTIONS

Your [Organization/Company's] employees are required to complete a copy of this vehicle inspection checklist. The completion of this checklist before a vehicle journey or operation is very crucial and critical in the identification and avoidance of potential vehicular malfunctions/defects that may create potential health and safety problems. This checklist form must be submitted to the concerned health and safety engineer/officer on the 1st week of every month

Project Name/Reference:		Date:	
Company/Organization:			
Month:			
Make/Model/Year:			
Vehicle Number:			
VIN#:			
Odometer Reading:			
Prepared by:		Signatures:	

S. No	MAIN POINTS TO BE VERIFIED	YES	NO	N/A	COMMENTS
1.	Windows/windshield not severely cracked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Windshield wipers work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Heating/air conditioning and windshield defogging systems work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Interior lights work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Headlights (high beam/low beam) work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Taillights/brake lights work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Horn works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Vehicle tires are in good shape no damage, or bald tires and all appear to be properly inflated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	No unconventional oil/grease leaks. All-wheel seals or under the vehicle are checked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	No air leaks, have you walked around the vehicle and have listened for air leaks while the operator applies the brakes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Does Vehicle annual safety inspection copy (either sticker or form) essentially available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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12.	All mirrors are in a good position and are appropriately adjusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	There are no apparent fuel leaks, and the odour of gasoline is not detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	