

VEHICLE ANNUAL COMPREHENSIVE INSPECTION CHECKLIST

To be completed for each vehicle annually

Vehicle Plate # _____ Mileage _____ Date _____

Check Items Inspected – Circle Defects and/or Comment. Call department (372-2121) for approval for items that need to be repaired or replaced.

Take completed form to the dealer/service provider when vehicle gets lube/oil & filter.

GENERAL INSPECTION

- Parking Lights
- Turn signals/flashers
- Stop lights
- Dash lights
- Headlight aim
- Headlight Assembly
- Dimmer Switch
- Glass/mirror
- Horn
- Windshield washer
- Wiper blade arm
- Clutch travel
- A/C system
- Back-up signal
- Seat Belts

EXHAUST SYSTEM

- _____

SPARK PLUGS

- _____

ELECTRICAL

- Starter
- Battery cranking voltage
- Alternator

IGNITION SYSTEM/FUEL SYSTEM

- _____

TEST DRIVE

- _____

STEERING LINKAGE

- _____

DRIVE SHAFT

- _____

LOAD TEST BATTERY

- _____

INSPECT BODY AND GLASS

- _____

TOP OFF ALL FLUIDS

- _____

BRAKES

- _____

FRONT SUSPENSION

- _____

TIRE/WHEELS

- Wheel condition
- Tire condition
- Tread depth
- Tire pressure
- Shock absorbers
- Rotate tires as needed

UNDERHOOD INSPECTION

- Hood latch
- Oil, filter, chassis
- Coolant
- Power Steering fluid
- Brake cylinder fluid
- Transmission fluid
- Windshield washer fluid
- Battery fluid
- Radiator pressure cap
- Radiator hoses
- Heater hoses
- Water pump
- Radiator
- Fan belt
- Power Steering Belt
- Alternator Belt
- A/C belt
- Oil fill cap
- Air filter
- PCV Valve
- Crankcase emission filter
- Fuel pump
- Fuel Filter
- Battery fluid
- Engine mounts
- Differential fluid

VEHICLE VISUAL PREVENTIVE INSPECTION CHECKLIST

To be completed with each Lube-Oil-Filter change

Vehicle Plate # _____ Mileage _____ Date _____

Call department for approval for items that need to be repaired or replaced.

OK

NOT OK – NEEDS:

Check all exterior lighting

<input type="checkbox"/>	Headlamps	<input type="checkbox"/>	_____
<input type="checkbox"/>	Brake lamps	<input type="checkbox"/>	_____
<input type="checkbox"/>	Turn signals	<input type="checkbox"/>	_____
<input type="checkbox"/>	Back up lights	<input type="checkbox"/>	_____
<input type="checkbox"/>	Parking lights	<input type="checkbox"/>	_____

Check Minor Items

<input type="checkbox"/>	Wiper blades	<input type="checkbox"/>	_____
<input type="checkbox"/>	W/S washer fluid	<input type="checkbox"/>	_____
<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	_____

Check Fluid Condition and Check for leaks

<input type="checkbox"/>	Engine Coolant	<input type="checkbox"/>	_____
<input type="checkbox"/>	Engine Oil	<input type="checkbox"/>	_____
<input type="checkbox"/>	Transmission / Transaxle Fluid	<input type="checkbox"/>	_____
<input type="checkbox"/>	Power Steering Fluid	<input type="checkbox"/>	_____
<input type="checkbox"/>	Brake Fluid	<input type="checkbox"/>	_____
<input type="checkbox"/>	Drive Axle Fluid	<input type="checkbox"/>	_____

Visually Check Condition and Advise

<input type="checkbox"/>	Tires	<input type="checkbox"/>	_____
<input type="checkbox"/>	Belts and Hoses	<input type="checkbox"/>	_____
<input type="checkbox"/>	Steering / Suspension / Linkages	<input type="checkbox"/>	_____
<input type="checkbox"/>	Shocks / Struts	<input type="checkbox"/>	_____
<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	_____
<input type="checkbox"/>	Battery Condition / Cables	<input type="checkbox"/>	_____