# Environmental Health and Safety
# Safety Checklist for Annual Vehicle Inspections

Owner's/Driver's Name:_____ Make/Model:_____

Department:_____ License #:_____

Phone:_____ Mileage:_____

## Annual Vehicle Inspection Checklist

Annual servicing and Inspections should be completed by a qualified mechanic.

| Yes | No | |
|---|---|---|
| ___ | ___ | Cracked glass? |
| ___ | ___ | Mirrors present & in good condition? |
| ___ | ___ | Inside lights working? |
| ___ | ___ | Outside lights working? (Turn signals; Headlights (low & high); Brake, Backup, Running) |
| ___ | ___ | Wipers in good condition and working? |
| ___ | ___ | Horn working? |
| ___ | ___ | First-aid kit present and stocked? |
| ___ | ___ | Fire extinguisher present and charged? |
| ___ | ___ | Tire tread depth and tire pressure adequate? |
| ___ | ___ | Spare tire inflated and in good condition? |
| ___ | ___ | Steering components in good condition? (Ball Joints, Tie Rod Ends, Axle Shaft Joint Boots, A- frames, Steering Gear Box and Drag Links) |
| ___ | ___ | Front wheel bearings in good condition? |
| ___ | ___ | Shock absorbers and/or struts in good condition? |
| ___ | ___ | Exhaust system in good condition? (Muffler, Header Pipe, Tail Pipe/Hangers & Clamps) |
| ___ | ___ | Brakes in good condition? (Front, Rear, Emergency) |
| ___ | ___ | If clutch is present, is it properly adjusted? |
| ___ | ___ | All fluids at proper level? (Oil, hydraulic, brake, transmission, anti-freeze, washer) |
| ___ | ___ | Battery secure and in good condition? |
| ___ | ___ | Speedometer and other gauges working properly? |
| ___ | ___ | Safety restraints present and working properly? |
| ___ | ___ | Engine appears to be in good repair and running smoothly? (Belts, hoses, plug wires, gaskets) Other? |

***Please turn over and complete reverse side***

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**Vehicle Inspector**: Please use the space below to provide details and your recommendations for any of the items you have checked "No."

By signing below, I certify that the items on this checklist have been examined and evaluated on the vehicle noted above by a qualified inspector and that the vehicle is safe to return to service.

Name of Inspector (Please Print) | Department/Company

Signature of Inspector | Date