Vehicle Safety Inspection

Make and Model: _____ Year: _____

Vehicle No: _____ Trailer No: _____

Driver: _____ Date: _____

Odometer Reading: _____

Check the following:

_____ Engine Oil
_____ Power Steering Fluid
_____ Battery Water
_____ Auto Trans. Fluid
_____ Hoses
_____ Tires - Pressure
_____ Tires - Tread
_____ Windshield Washer Fluid
_____ Spare Tire
_____ License Plate
_____ First Aid Kit
_____ Back Up Alarms
_____ Mud Flaps

_____ Head Lights
_____ Tail Lights
_____ Turn Signals
_____ Mirrors
_____ Glass
_____ Brakes
_____ Trailer Hitch
_____ Windshield Wipers
_____ Cargo Tie Downs
_____ Fire Extinguisher
_____ Flare Kit/Emergency Flag Kit
_____ Seat Belts
_____ Driver's Accident Reporting Kit

_____ Other _____

_____

_____

List Items Requiring Correction: _____

_____

_____

_____

_____

Driver Signature

This document is advisory only and does not attempt to list all potential hazards or identify all possible remedial actions. You are responsible for the safety of your premises, operations, and products. FCCI Insurance Group and its affiliates and subsidiaries shall not be liable for any loss, injury, death, damage, or expense arising out of the use of this bulletin.