

**SAFETY SERVICE AND INSPECTION**  
 FILL OUT SEMIANNUALLY OR EVERY 5,000 MILES, WHICHEVER COMES FIRST

VEHICLE # \_\_\_\_\_

DATE \_\_\_\_\_

LICENSE PLATE # \_\_\_\_\_

ODOMETER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

INSPECTOR \_\_\_\_\_

	OK	NOT OK	COMMENT ON DEFECTS	DATE CORRECTED
Tires and wheels (damage, wear, inflation)				
Check for fluid leaks (gas odor, puddle under vehicle)				
Mirrors and reflectors (missing or damaged)				
Spare tire and jack (missing or damaged)				
Window glass (broken or inoperable)				
Windshield wipers and washers (do they work?)				
Clean all glass and lamp lenses				
Horn (does it work?)				
Clean interior and remove debris				
Seat belts (for each seat, in good condition?)				
Instruments and warning lights (do they work?)				
Headlamp adjustment (obvious misalignment)				
Exhaust system (listen for loud or sputtering noises)				
Parking brake (does it hold the vehicle?)				
Road test for even braking (should not pull to the side)				
Steering (excessive play or wobble?)				
Lights and signal system (do they work?)				
Fuel tank cap (has it been lost?)				
Door locks and latches (do they work?)				
Registration insurance card, accident report kit (in glove compartment?)				

**OTHER COMMENTS:**