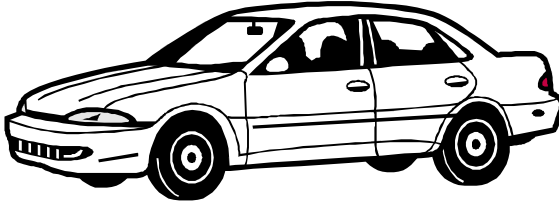


VEHICLE INSPECTION FORM

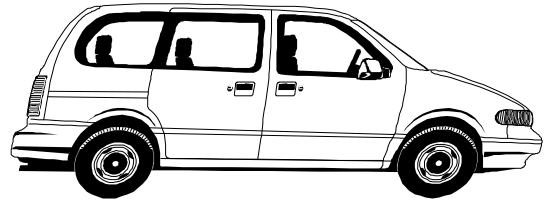
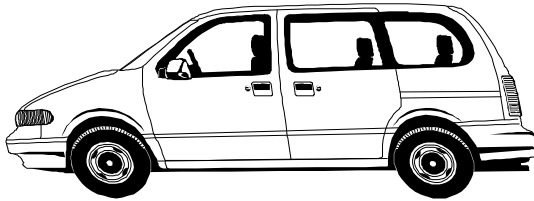
OPERATOR: _____ VEHICLE: _____ DATE: _____

Directions: Mark an **X** in the box pertaining to type of vehicle and record all major damages to the vehicle.

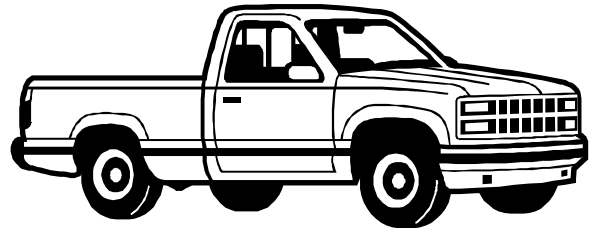
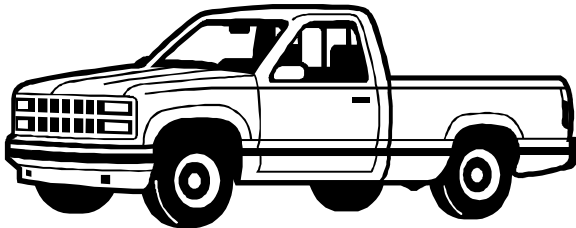
PASSENGER



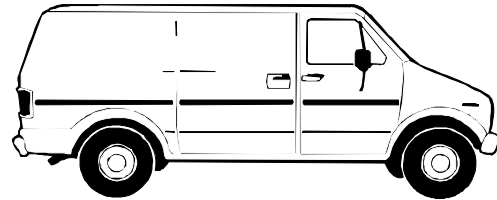
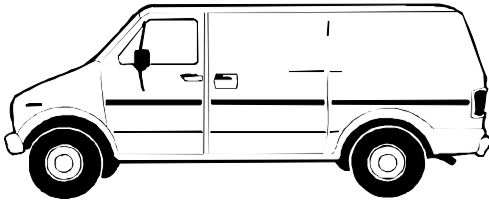
PASSENGER



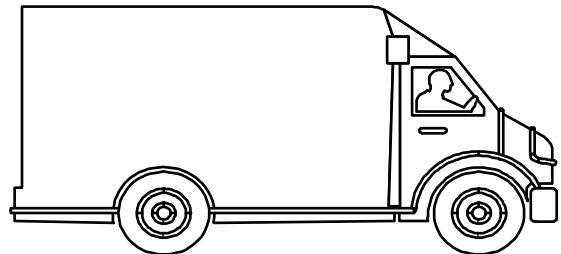
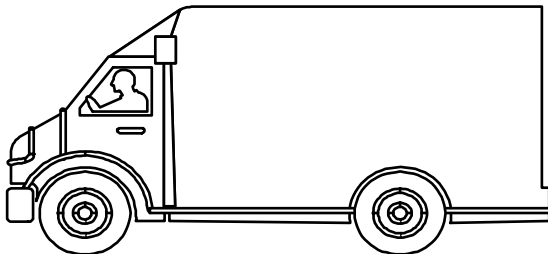
PICK UP



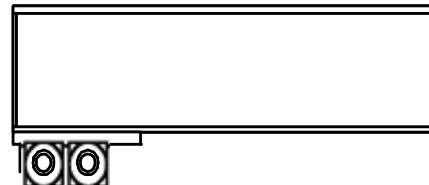
CARGO VAN



STEP VAN



TRAILER



INSPECTED BY: _____ DATE: _____

CUSTOMER _____ TEL. DAY (_____) _____

ADDRESS _____

AUTOMOBILE

MODEL _____ YEAR _____

LICENCE _____ VIN # _____

ODOMETER _____ KM

General Vehicle Assessment

	Excellent	Fair	Poor	Comments
SUSPENSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EXHAUST SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRANSMISSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ENGINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COOLING SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CHARGING SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BRAKING SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	Some	None	Comments
RUST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HOLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COLLISION DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	