

Vehicle Checklist

Date: ___/___/___

Operator Name: _____

Vehicle Make & Model: _____

Vehicle Year: _____

Vehicle Registration No.: _____

Vehicle Odometer Reading: _____

External Vehicle Condition		
Item	Condition	Notes
Bodywork, Windows, Lights		
Windshield and Wipers		
Mirrors, Lights, Tags		
Roof Rack		
Tires, Tire Pressure		
Fluids		
Item	Condition	Notes
Engine Oil		
Radiator Water Level		
Windshield Washer Fluid		
Brake Fluid		
Power Steering Fluid		
Battery Condition		
Vehicle Interior & Equipment		
Item	Condition	Notes
Seat Belts		
First Aid Kit		
Fire Extinguisher		
Warning Triangle		
Vehicle Handbook		
Seat Condition		
Radio		
Interior Lights		
Function Checklist Before Embarking On Your Trip		
Item	Condition	Notes
Fuel Level		
Brakes		
Wiper Blades & Fluid		
Horn		
Lights & Warning Lights		

Operator's Signature: _____ Date: ___/___/___