

# Motor Vehicle Safety Condition Report

## Reference

Driver \_\_\_\_\_

Date \_\_\_\_\_

Year \_\_\_\_\_

Make and Model \_\_\_\_\_

Present mileage \_\_\_\_\_

License Plate Number & State \_\_\_\_\_

## Maintenance

### Interior

1. Are the following free of rips, tears, soiling, or unusual signs of wear?
  - Carpet  Yes  No
  - Upholstery  Yes  No
  - Door panels  Yes  No
  - Floor mats  Yes  No
2. Is the trunk compartment neat, clean, and undamaged?  Yes  No
3. Do the dash panel instruments, gauges, and lights function properly?  Yes  No
4. Do washers and wipers function properly?  Yes  No
5. Does the air conditioner work properly?  Yes  No

### Exterior

1. Has the car been recently washed?  Yes  No
2. Is the car free of damage?  Yes  No
  - If "no," was a report submitted to the Fleet Administrator?  Yes  No
3. Are the windows free of cracks, stone marks, pits, or scratches?  Yes  No

### Tires

- |   | Driver front | Passenger front | Driver rear | Passenger rear   | Spare                       |
|---|--------------|-----------------|-------------|--|-----------------------------|
| Actual Pressure                                   |              |                 |             |  |                             |
| Tread depth                                       |              |                 |             |  |                             |
| 1. Are the tires properly inflated?               |              |                 |             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| 2. Are tires wearing evenly?                      |              |                 |             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| 3. Are tires free of splits, cuts, bruises, etc.? |              |                 |             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| 4. Is the spare tire in good shape?               |              |                 |             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| 5. Are tires safe? (min tread depth 1/8")         |              |                 |             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| 6. Is the car properly aligned?                   |              |                 |             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |

### Engine

1. Does the engine start correctly?  Yes  No
2. Does the engine idle properly?  Yes  No
3. Is the battery in good condition?  Yes  No
4. Are radiator and heater hoses in good condition?  Yes  No
5. Is engine free of dirt, rust, oil, and grease?  Yes  No
6. Is oil level at or near "full" mark on dipstick?  Yes  No

### Preventive

### Maintenance

1. Is the vehicle maintenance schedule kept up to date?  Yes  No
2. Date of last oil change. \_\_\_\_\_
3. Mileage of oil change preceding the most recent oil change. \_\_\_\_\_
4. Does maintenance seem adequate?  Yes  No

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- Safety
1. Do brakes bring the car to a safe, even stop?  Yes  No
  2. Does the parking brake hold satisfactorily?  Yes  No
  3. Do all lights work properly?  Yes  No
  4. Do turn signals work properly?  Yes  No
  5. Does the horn work?  Yes  No
  6. Is the exhaust system quiet and free of leaks?  Yes  No

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- General
1. Is the car free of trailer hitches, decals, stickers, etc.?  
If no, identify the item below.  Yes  No
  2. Is the car free of unusual features?  
If no, identify the item below.  Yes  No
  3. Are exterior photo(s) attached?  Yes  No
  4. Comments by operator or inspector:

In my opinion, the car should be graded as:

- Exceptional     Good     Fair     Poor     Needs improved maintenance

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Driver Signature

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Date

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Inspector Signature

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Date

Safety and health are the responsibilities of your company. Please understand that the information and services provided do not guarantee that your premises and/or operations are completely free of all hazards, or in compliance with OSHA or any other municipal, state, or federal ordinances or regulations. The information and services received are not a substitute for ongoing safety/loss prevention programs designed and implemented by your company.

