



Vehicle Self-Inspection Checklist

Insured: _____ Policy No.: _____
 Vehicle Make: _____ Model: _____ No.: _____
 Odometer Reading: _____ Inspector (Print Name): _____

BEFORE STARTING THE ENGINE (ENGINE IS COLD)		COMMENTS
Exterior		(Explain any "No" responses)
No body damage, loose trim or moldings; doors lock	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lights, signals, flashers, mirrors, window are in good condition; horn is in good working order	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Registration tag is current	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tire pressure and tread good; wheels in good condition; and spare tire properly inflated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Under the Hood / Under the Vehicle		
Battery, belts, all fluid levels are good, with no signs of leaks and no loose components	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Muffler, exhaust, suspension system, shock absorbers, drive train show no leaks, loose parts, or defects	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior		
Vehicle interior is clean; no loose objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire extinguisher, first aid kit, and warning reflectors are in good condition and correctly stowed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All seat belts are secure; child safety seats are properly installed and not in front seat (or rear seats of vans)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Removable seats are properly secured or removed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AFTER STARTING THE ENGINE (PARKING BRAKE ENGAGED)		VEHICLE CONDITION REPORT
Normal sounds (no unusual noises)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All gauges are operating in appropriate ranges	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Brake feels firm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
With the brake engaged, transmission shifts through the selection range with no delay or unusual noises	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parking brake is properly adjusted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heater, defroster, air conditioner operate effectively	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Steering wheel turns OK (not loose)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
WHILE DRIVING (COMPLETE AFTER TEST DRIVE)		
No unusual movement, vibration, or sounds during operation, acceleration, or braking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Engine runs clean (no smoke, steam, or unusual odors)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle does not pull or wander while driving or braking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Speedometer accurate; gauges operate in normal ranges	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Acceptable Vehicle can be driven without further inspection by a mechanic.
		<input type="checkbox"/> Needs Attention Vehicle can be driven but should be inspected by a mechanic within 30 days.
		<input type="checkbox"/> Needs Immediate Attention Vehicle should NOT be driven until inspected by a mechanic.

Signature: _____

Date: _____

(07.08.10)



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