APPENDIX A: Monthly Vehicle Inspection Checklist

Instructions: To be completed monthly by driver and submitted to their supervisor. Supervisor to complete with employee annually. In the event that "no" is selected for any of the items listed below, the driver shall report to their supervisor, and discuss appropriate next steps prior to driving the vehicle.

Date:		**Make/Model/Year:**	
Driver Name:		**License Plate:**	

DOCUMENTATION	
Item	**Present in Vehicle (Yes/No)**
Insurance Slip (Current)	Yes _____ No _____
Vehicle Ownership	Yes _____ No _____
Manufacturer's Handbook	Yes _____ No _____
Daily Circle Check List	Yes _____ No _____
EXTERIOR	
Item	**Satisfactory (Yes/No)**
No leaks or other visible body damage	Yes _____ No _____
Windows (clean, in good condition and unobstructed)	Yes _____ No _____
Lights function (head, turn signals, tail, brake, hazard and reverse)	Yes _____ No _____
Windshield wipers are functional and in good condition (blades not cracked, torn or heavily worn)	Yes _____ No _____
Tires in good shape (no visible flat tires, no visible damage)	Yes _____ No _____
Mirrors are clean, free of damage and properly positioned	Yes _____ No _____
INTERIOR	
Item	**Satisfactory (Yes/No)**
Brakes working (test for soft or hard pedal feel, test emergency brake)	Yes _____ No _____
Heater/defroster working	Yes _____ No _____
Adequate fluid levels	Yes _____ No _____
Seat belt in good condition/ working properly (examine for wear)	Yes _____ No _____
Horn working	Yes _____ No _____
No warnings indicator lights visible (red/orange/yellow symbols showing)	Yes _____ No _____
All vehicle equipment present/in good condition **Fire extinguisher properly secured in vehicle, charged, and expiry checked**	Yes _____ No _____
Locks are working and functioning properly	Yes _____ No _____
COMMENTS	
Additional Comments:	

SIGNOFF			
Employee Name:		Signature:	Date:
Supervisor Name:		Signature:	Date: