University of Idaho
Safety Checklist for Annual Vehicle Inspections

Owner’s/Driver’s Name: ____________________________ Make/Model: ____________________________
Department: ____________________________ License #: ____________________________
Phone: ____________________________ Mileage: ____________________________

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Yes No
__ __ Cracked glass?
__ __ Mirrors present & in good condition?
__ __ Inside lights working?
__ __ Outside lights working? (Turn signals; Headlights – both low & high; Brake, Backup, Running)
__ __ Wipers in good condition and working?
__ __ Horn working?
__ __ First-aid kit present and stocked?
__ __ Fire extinguisher present and charged?
__ __ Tire tread depth and tire pressure adequate?
__ __ Spare tire inflated and in good condition?
__ __ Steering components in good condition? (Ball Joints, Tie Rod Ends, Axle Shaft Joint Boots, A-frames, Steering Gear Box and Drag Links)
__ __ Front wheel bearings in good condition?
__ __ Shock absorbers and/or struts in good condition?
__ __ Exhaust system in good condition? (Muffler, Header Pipe, Tail Pipe/Hangers & Clamps)
__ __ Brakes in good condition? (Front, Rear, Emergency)
__ __ If clutch is present, is it properly adjusted?
__ __ All fluids at proper level? (Oil, hydraulic, brake, transmission, anti-freeze, washer)
__ __ Battery secure and in good condition?
__ __ Speedometer and other gauges working properly?
__ __ Safety restraints present and working properly?
__ __ Engine appears to be in good repair and running smoothly? (Belts, hoses, plug wires, gaskets)
__ __ Other? ____________________________

Please turn over and complete reverse side
Vehicle Inspector: Please use the space below to provide details and your recommendations for any of the items you have checked “No.”

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By signing below, I certify that the items on this checklist have been examined and evaluated on the vehicle noted above by a qualified inspector and that the vehicle is safe to return to service.

Name of Inspector (Please Print) ____________________________       Department/Company ____________________________

Signature of Inspector ____________________________       Date ____________________________

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