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."

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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