CHURCH VEHICLE INSPECTION FORM

ALL DEFECTS TO BE CORRECTED BEFORE VEHICLE IS OPERATED ON PUBLIC ROADS
KEEP IN CHURCH FILE AND REINSPECT EVERY THREE MONTHS

Church/School Name: _____

Address: _____
Street

_____
City State Zip Code

Phone Number: _____ Fax Number: _____

Vehicle: _____
Year Make Model

Circle One: Church Bus School Bus Church Van School Van Car/Truck/PP

V.I.N. #: _____ TAG#: _____ Seating Capacity: _____ Mileage: _____

		OK	NR	N/A
1.	Headlights			
2.	Parking Lights			
3.	Tail Lights			
4.	Brake Lights			
5.	Directional Signals			
6.	Hazard Warning Signals			
7.	Clearance Lamps			
8.	Side Marker Lamps			
9.	Reflectors			
10.	Brakes			
11.	Steering Systems			
12.	Suspension			
13.	Windshield Wipers			
14.	Horns			
15.	Exhaust Systems			
16.	Fuel Systems			
17.	Engine Compartment			
18.	Service Door			
19.	Emergency Door			
20.	Emergency Exits			
21.	Inside Rearview Mirror			
22.	Outside Rearview Mirror			
23.	Side view Mirror			
24.	Oil and Water Levels			

		OK	NR	N/A
25.	Crossover Mirror			
26.	Fire Extinguishers			
27.	First Aid Kit			
28.	Emergency Warning Devices			
29.	Windshield			
30.	Windows			
31.	Lettering			
32.	Rub Rails			
33.	Bumpers			
34.	Stop Arm			
35.	Drive Shaft Guards			
36.	Neutral Safety Switch			
37.	Tires			
38.	Wheels			
39.	Seating/Driver Seat Belt			
40.	Interior Lights			
41.	Unsecured Items			
42.	Tag Light			
43.	Electrical System			

NR: Needs to be replaced, repaired or adjusted.

Comments/Maintenance/Repairs Needed: _____

Inspected By: _____ Sign: _____ Date: _____