

Vehicle Inspection Report

Appendix 7.004

This form must be completed by the Driver when returning Vehicle to Plant Operations Automotive Department.

Date _____ Vehicle # _____ Vehicle Make/Model _____

If any of the following is defective, mark with an (X) and describe problem in "Remarks" area.

- | | |
|---|--|
| <input type="checkbox"/> Cleanliness: interior & exterior | <input type="checkbox"/> Inside & outside mirrors |
| <input type="checkbox"/> Wipers & washers | <input type="checkbox"/> Windows & windshield |
| <input type="checkbox"/> Oil level | <input type="checkbox"/> Fans / defrosters |
| <input type="checkbox"/> Power steering fluid | <input type="checkbox"/> Heater / A/C |
| <input type="checkbox"/> Transmission fluid | <input type="checkbox"/> Unusual noises under vehicle |
| <input type="checkbox"/> Brake fluid | <input type="checkbox"/> Unusual engine noises |
| <input type="checkbox"/> Radiator level: water/antifreeze | <input type="checkbox"/> Lights: headlights, parking, flashers |
| <input type="checkbox"/> Horn | <input type="checkbox"/> Blinkers |
| <input type="checkbox"/> Gauges and switches | <input type="checkbox"/> Brakes |
| <input type="checkbox"/> Belts | <input type="checkbox"/> Loose wires |
| <input type="checkbox"/> Tires & pressure | <input type="checkbox"/> Leaks under vehicle |

Remarks: _____

Overall condition of above vehicle is: ___ Satisfactory / ___ Poor / ___ Unsatisfactory. This form will be forwarded to the automotive shop thru campus mail, upon completion. For any defects found complete an **e-Quest** combination with the form. (Form may be attached to e-Quest)

Driver's Signature: _____ Date: _____

Above defects have been corrected _____

Do not need to be corrected for safe operation of vehicle _____

Mechanic's Signature: _____ Date: _____

Revised 10/27/2009