



VEHICLE SELF-INSPECTION CHECKLIST

Owner Name: _____ Policy No.: _____
 Vehicle Make: _____ Model: _____ No.: _____
 Odometer Reading: _____ Inspector (Print Name): _____

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This material is for informational purposes only. It is not intended to give specific legal or risk management advice, nor are any suggested checklists or actions plans intended to include or address all possible risk management exposures or solutions.

You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.



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BEFORE STARTING THE ENGINE (ENGINE IS COLD)		COMMENTS
Exterior		(Explain any "No" responses)
No body damage, loose trim or moldings; doors lock	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lights, signals, flashers, mirrors, window are in good condition; horn is in good working order	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Registration tag is current	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tire pressure and tread good; wheels in good condition; and spare tire properly inflated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Under the Hood / Under the Vehicle		
Battery, belts, all fluid levels are good, with no signs of leaks and no loose components	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Muffler, exhaust, suspension system, shock absorbers, drive train show no leaks, loose parts, or defects	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior		
Vehicle interior is clean; no loose objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire extinguisher, first aid kit, and warning reflectors are in good condition and correctly stowed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All seat belts are secure; child safety seats are properly installed and not in front seat (or rear seats of vans)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Removable seats are properly secured or removed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AFTER STARTING THE ENGINE (PARKING BRAKE ENGAGED)		
Normal sounds (no unusual noises)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All gauges are operating in appropriate ranges	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Brake feels firm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
With the brake engaged, transmission shifts through the selection range with no delay or unusual noises	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parking brake is properly adjusted	<input type="checkbox"/> Yes <input type="checkbox"/> No	VEHICLE CONDITION REPORT
Heater, defroster, air conditioner operate effectively	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Acceptable Vehicle can be driven without further inspection by a mechanic.
Steering wheel turns OK (not loose)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Needs Attention Vehicle can be driven but should be inspected by a mechanic within 30 days.
WHILE DRIVING (COMPLETE AFTER TEST DRIVE)		<input type="checkbox"/> Needs Immediate Attention Vehicle should NOT be driven until inspected by a mechanic.
No unusual movement, vibration, or sounds during operation, acceleration, or braking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Engine runs clean (no smoke, steam, or unusual odors)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle does not pull or wander while driving or braking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Speedometer accurate; gauges operate in normal ranges	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature: _____ Date: _____