

Vehicle inspection report



Date: _____ Mileage: _____

License number: _____ State: _____

Branch location: _____ Driver: _____

Year: _____ Make: _____ Model: _____

	Satisfactory	Problem	Date corrected <small>(Complete for ALL "Problem" issues)</small>
Seat belts (accessibility/condition)			
Headlights			
Turn signals			
Brake lights			
Reverse lights			
Instrument panel (dashboard)			
Glass (front and rear windshields)			
Mirrors			
Windshield wipers			
Knobs and handles			
Front/Rear window defrosters			
General condition of tires (tread, visible defects)			
Recent oil change (receipt or window sticker)			
Company-required items:			
• Accident report kit			
• Flashlight			
• Warning reflectors/Vest			
• Spare tire and jack			
Other:			
Miscellaneous:			

Supervisor/Manager signature: _____ Date: _____

Employee signature: _____ Date: _____



Providing solutions to help our members manage risk.®

For your risk management and safety needs, contact Nationwide Loss Control Services at 1-866-808-2101 or LCS@nationwide.com.