City of Klamath Falls

VEHICLE INSPECTION REPORT

(To be completed as required by City policy)

Department/Division: _____

Vehicle #: _____ Vehicle Description: _____
yr make model

Driver: _____ ODO:_____
please print miles

Date: _____
mo day yr

✓ = item inspected & O.K. C = corrections/service needed

Safety Equipment:

OK Fire Extinguisher

OK First Aid Kit

OK Flags, Flares, or Fuses

OK Blood borne Pathogen Kit

Lights:

OK Head Lights

OK Brake Lights

OK Tail Lights

OK Turn Signals

OK Emergency Flashers

Tires:

OK Tread

OK Inflation

Miscellaneous:

OK Wipers

OK Horn

OK Suspension

OK Brakes

OK Front Windshield

OK Windows

OK Steering

OK Seat Belts

OK General Housekeeping

Comments:_____
_____
_____

Vehicle needs service: ☐ YES ☐ NO

_____ _____
Driver Signature Supervisor Signature

Above defects were corrected: _____ by _____
date technician

Attach copy of invoice of repairs.