

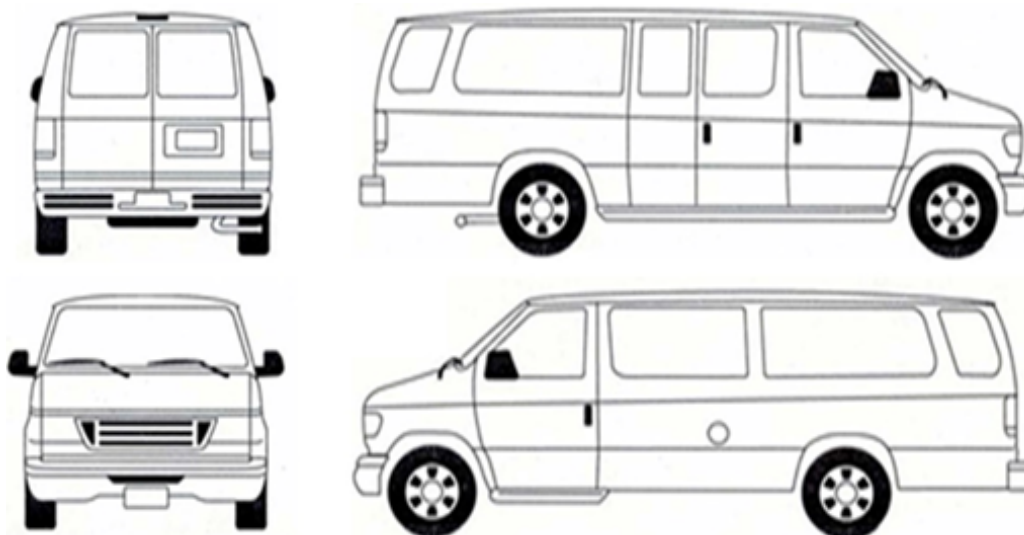
# William J. Hughes Technical Center

Motor Vehicle Program Office

## VAN INSPECTION FORM

VEHICLE DESCRIPTION		DATE/TIME OF INSPECTION	
Make:		Date:	Time:
Tag No.:		Odometer Reading:	
Location:		Inspector:	Org.:

### VEHICLE WALK-AROUND



<b>Head Lights</b> <input type="checkbox"/> Working <input type="checkbox"/> Not Working	<b>Tail Lights</b> <input type="checkbox"/> Working <input type="checkbox"/> Not Working	<b>Signal Lights</b> <input type="checkbox"/> Working <input type="checkbox"/> Not Working	<b>Dashboard Warning Lights On</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Wiper Blades</b> <input type="checkbox"/> Working <input type="checkbox"/> Not Working
<b>Driver's Front Tire</b> Good Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Driver's Rear Tire</b> Good Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Passenger Front Tire</b> Good Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Passengers Rear Tire</b> Good Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Interior - Needs Vacuum</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Exterior - Needs Wash</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Snow Brush in Vehicle</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**DESCRIBE PROBLEMS/WARNING INDICATORS: (REPORT ACCIDENTS)**

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