

COLLEGE OF THE NORTH ATLANTIC

VEHICLE INSPECTION REPORT

To be Completed Annually

Vehicle # _____ Plate# _____

Make _____ Year _____

Campus _____

Equipment or Function		Equipment or Function	
Headlights (Properly Focused)		Directional Signal	
Tail Lights with Red Lens		Stop Lights	
Plate Light		Park Lights	
Wipers		Flares (if required)	
Speedometer		First Aid Kit (if required)	
Horn		Fire Extinguisher (if required)	
Exhaust System		MGW (if required)	
Review Mirror		Dash Indicator Light (high/low beam)	
Windshield		Dash Indicator Light (signal lights)	
Window Glass		Front Axle Assembly	
Foot Brake		Drive Shaft	
Emergency/ Park Brake		Universal Joints	
Body in Good Condition		Seat Belts	
All Doors Shut Properly, Fitted with Handles		Starter Motor	
Steering		Wheel Lugs	
Tires (condition)		Mud Flaps (trucks)	
Clearance Lights (vehicles over 80 ins)			

I HEREBY CERTIFY THAT I HAVE INSPECTED THE ABOVE DESCRIBED VEHICLE IN ACCORDANCE WITH THE CHECK LIST DETAILED ABOVE AND FURTHER CERTIFY THAT IN MY OPINION THE VEHICLE IS IN FIT AND PROPER CONDITION.

SIGNED _____