

**MOBILE VENDOR INSPECTION CHECK SHEET**

COMPANY PERFORMING INSPECTION \_\_\_\_\_

INSPECTOR'S NAME \_\_\_\_\_ INSPECTOR'S PHONE # \_\_\_\_\_

DATE OF INSPECTION \_\_\_\_\_

NAME OF VENDOR \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ VIN \_\_\_\_\_

VEHICLE YEAR \_\_\_\_\_ TYPE OF VEHICLE \_\_\_ TRUCK \_\_\_ TRAILER

	PASS	FAIL	COMMENTS
LIGHTS (Front & Rear)	_____	_____	_____
FLASHERS	_____	_____	_____
REFLECTORS	_____	_____	_____
HORN	_____	_____	_____
WINDSHIELD WIPERS	_____	_____	_____
MIRRORS	_____	_____	_____
SEATBELTS	_____	_____	_____
BUMPER HEIGHT	_____	_____	_____
ALL WINDOWS	_____	_____	_____
MUFFLER	_____	_____	_____
TIRES	_____	_____	_____
BRAKES	_____	_____	_____
DOORS	_____	_____	_____
GENERAL CONDITION OF VEHICLE	_____	_____	_____

SIGNATURE OF INSPECTOR: \_\_\_\_\_

