



SafeChurch®

Vehicle Self-Inspection Checklist

Insured: _____ Policy No.: _____

Vehicle Make: _____ Model: _____ No.: _____

Odometer Reading: _____ Inspector (Print Name): _____

| BEFORE STARTING THE ENGINE (ENGINE IS COLD) | | COMMENTS |
|--|--|--|
| Exterior | | (Explain any "No" responses) |
| No body damage, loose trim or moldings; doors lock | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Lights, signals, flashers, mirrors, window are in good condition; horn is in good working order | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Registration tag is current | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Tire pressure and tread good; wheels in good condition; and spare tire properly inflated | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Under the Hood / Under the Vehicle | | |
| Battery, belts, all fluid levels are good, with no signs of leaks and no loose components | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Muffler, exhaust, suspension system, shock absorbers, drive train show no leaks, loose parts, or defects | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Interior | | |
| Vehicle interior is clean; no loose objects | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Fire extinguisher, first aid kit, and warning reflectors are in good condition and correctly stowed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| All seat belts are secure; child safety seats are properly installed and not in front seat (or rear seats of vans) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Removable seats are properly secured or removed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| AFTER STARTING THE ENGINE (PARKING BRAKE ENGAGED) | | |
| Normal sounds (no unusual noises) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| All gauges are operating in appropriate ranges | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Brake feels firm | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| With the brake engaged, transmission shifts through the selection range with no delay or unusual noises | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Parking brake is properly adjusted | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| VEHICLE CONDITION REPORT | | |
| Heater, defroster, air conditioner operate effectively | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Acceptable Vehicle can be driven without further inspection by a mechanic. |
| Steering wheel turns OK (not loose) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Needs Attention Vehicle can be driven but should be inspected by a mechanic within 30 days. |
| WHILE DRIVING (COMPLETE AFTER TEST DRIVE) | | <input type="checkbox"/> Needs Immediate Attention Vehicle should NOT be driven until inspected by a mechanic. |
| No unusual movement, vibration, or sounds during operation, acceleration, or braking | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Engine runs clean (no smoke, steam, or unusual odors) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Vehicle does not pull or wander while driving or braking | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Speedometer accurate; gauges operate in normal ranges | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Signature: _____

Date: _____



(07.08.10)

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