

## JIFFY LUBE VEHICLE INSPECTION FORM

Fleet Account: 13162520

Please print and take a copy of this form to your inspection station.

DRIVER NAME			EMAIL ADDRESS (USED IN APP)		
DRIVER SIGNATURE			DRIVER PHONE NUMBER		
INSPECTION CHECKLIST					
	PASS	FAIL	PASS	FAIL	
1. FOOT BRAKE			16. MUFFLER EXHAUST SYSTEM		
2. EMERGENCY BRAKE (PARKING BRAKE)			17. TIRES (INCLUDE TREAD DEPTH)		
3. STEERING MECHANISM			LEFT FRONT		
4. WINDSHIELD			RIGHT FRONT		
5. REAR WINDOW AND OTHER GLASS			LEFT REAR		
6. WINDSHIELD WIPERS			RIGHT REAR		
7. HEADLIGHTS			18. INTERIOR / EXTERIOR REAR VIEW MIRRORS		
8. TAIL LIGHTS			19. SAFETY BELTS (1 PER PASSENGER)		
9. TURN SIGNAL LIGHTS			20. TAXI OR COMMERCIALLY WRAPPED?  Mark "pass" if vehicle is NOT a taxi or commercially wrapped		
10. BRAKE LIGHTS			21. FRONT A/C OPERATIONAL		
11. FRONT SEAT ADJUSTMENT			22. NO BODY DAMAGE		
12. DOORS OPEN, CLOSE & LOCK			23. INTERIOR LIGHTS OPERATIONAL		
13. HORN			24. NO LEAKS (oil, fluids, etc.)		
14. SPEEDOMETER			25. CLEANLINESS (no rips in seats, stains, etc.)		
15. BUMPERS			All fields are mandatory. One fail will fail the inspection until the driver has co	orrected	
VEHICLE INSPECTION PASS  To be completed by Inspector:  VEHICLE INFORMATION	FAIL		INSPECTION DATE (This inspection expires one year from this date.)		
VEHICLE IDENTIFICATION NUMBER (VIN)			INSPECTION BY		
MILEAGE					
YEAR			INSPECTION ADDRESS		
MAKE & MODEL					
NUMBER OF DOORS			STATE CERTIFICATION NUMBER (IF APPLICABLE)		
REGISTRATION STICKER? (YES / NO)					
REGISTRATION YEAR			INSPECTOR NAME		
LICENSE PLATE STATE					
LICENSE PLATE NUMBER			INSPECTOR SIGNATURE	-	