

Vehicle Inspection Report – OU

(Request for work / repair)

Drop off time: _____

Drop off date: _____

Unit Number: _____

Odometer / hour reading: _____

NO work will be started / performed without odometer / hour reading

Battery	Mirrors	Tires
Body	Exhaust	Windows
Brakes	Dash / Gauges	Windshield wipers
Defroster	Radiator	Engine oil
Horn	Steering	Transmission fluid
Heater	Safety equipment	Washer fluid
Air conditioning	Fire extinguisher	Air cleaner
Routine service	Head light	Stop light
Tail light	Dash light	Turn indicator

Place a check mark or 'X' next to item(s) need work / repair – Provide details in Remarks section

Remarks and comments

Contact's name (printed): _____ Contact's phone number: _____

Driver's signature: _____

SERVICE MANAGER(S) USE ONLY

WORK ORDER NUMBER: _____