**Monthly Company Car Inspection**

|  |  |
| --- | --- |
| **Driver Name** | **Date of Inspection** |
| **Odometer Reading** | **Inspected by** |

Mark the checkbox that answers the below questions.

**Y N**

Exterior clean and free of scratches and dents

Windshield/Windows/Mirrors free of cracks and chips

Tire treads are acceptable/not worn

Oil change completed, sticker present and within date

Wipers appear unworn and functional

Interior clean – no trash, clutter, smell of smoke, etc.

If answered no to any of the above questions or if the driver expressed any concerns about the vehicle, list details here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |
| --- | --- |
| Driver  Signature | Inspector  Signature |
| Date | Date |

**Forward document to Talent Management for record keeping and filing.**