

State of Florida  
 Department of Highway Safety and Motor Vehicles  
 Division of Motor Vehicles, Bureau of Field Operations  
**MONTHLY VEHICLE INSPECTION REPORT**

VEHICLE # \_\_\_\_\_ MAKE & MODEL \_\_\_\_\_ FOR MONTH JAN  JULY   
 FEB  AUG   
 VIN # \_\_\_\_\_ VEHICLE ASSIGNED TO: \_\_\_\_\_ MAR  SEP   
 APR  OCT   
 MILEAGE: \_\_\_\_\_ MILEAGE LAST INSPECTION: \_\_\_\_\_ MAY  NOV   
 JUN  DEC   
 YEAR MODEL: \_\_\_\_\_ YEAR \_\_\_\_\_

CLEANLINESS:

EXTERIOR: VERY GOOD  INTERIOR: VERY GOOD  PAINT CONDITION: VERY GOOD   
 AVERAGE  AVERAGE  AVERAGE   
 POOR  POOR  POOR

LIGHTS OPERATIONAL:

HEADLIGHTS YES  NO  SIGNAL LIGHTS YES  NO   
 TAIL LIGHTS YES  NO  BRAKE LIGHTS YES  NO

FLUIDS:

COOLANT OK  ADD  TRANSMISSION OK  ADD  P.S. YES  ADD   
 BRAKE OK  ADD  MOTOR OIL OK  ADD  WASHER YES  ADD

TIRE CONDITION:

VERY GOOD   
 AVERAGE   
 POOR

LAST TIRE ROTATION: \_\_\_\_\_  
 (DATE)

MILEAGE: \_\_\_\_\_

LAST LUBE, OIL & FILTER CHANGE: \_\_\_\_\_  
 (DATE)

WHEEL BEARING PACKED: \_\_\_\_\_  
 (DATE)

MILEAGE: \_\_\_\_\_

MILEAGE: \_\_\_\_\_

BODY DAMAGE: YES  NO  (IF YES, AREA OF DAMAGE: \_\_\_\_\_)

BODY RUST: YES  NO  (IF YES, AREA OF RUST: \_\_\_\_\_)

WIPERS OK  REPAIR  DRIVE BELTS OK  REPLACE

WATER HOSES OK  REPLACE  TRANSMISSION SERVICED \_\_\_\_\_  
 (MILES) (DATE)

PRESENT MECHANICAL CONDITION: VERY GOOD  IF POOR, EXPLAIN: \_\_\_\_\_  
 AVERAGE  \_\_\_\_\_  
 POOR  \_\_\_\_\_

COMMENTS (IF ANY): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VEHICLE IN SAFE OPERATING CONDITION: YES  NO

OPERATOR: \_\_\_\_\_  
 (SIGNATURE)

SUPERVISOR: \_\_\_\_\_  
 (SIGNATURE)

DATE: \_\_\_\_\_