



TOURISM TAXI VEHICLE INSPECTION FORM



Name: _____

Date: ____/____/____

Vehicle Information:

Vehicle #	Vehicle Make & Model	Year	Odometer Reading

Vin #: _____

Engine #: _____

Ok	Not Ok	Before Starting Engine (Body & Interior Condition)	After Starting Engine (Road Worthiness)	Ok	Not Ok
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		Body	Gauges (Oil/Fuel/Temperature)		
		Interior	Air Condition/Heater/Defrosting		
		Passenger Access/Regress	Clutch		
		Tire Pressure & Tread	Steering		
		Spare Tire	Speedometer		
		Seat Belts	Brakes		
		Side Windows /Tint	Transmission		
		Windshield	Reverse Alarm		
		Windshield Wipers/ Washers	Lights		
		Trunk Specifications			
		Child Seat			
		Portable Fire Extinguisher			
		First Aid Kit			
		Garbage bags/Garbage bins			

COMMENTS: _____

The overall condition of this vehicle is: **SATISFACTORY** **UNSATISFACTORY**

Inspected by: _____ Title: : _____

Signature: _____ Date: _____