

Vehicle inspection form



rideziro.com

Inspection point	PASS	FAIL
1. Foot brakes (pads/shoes thickness)	<input type="checkbox"/>	<input type="checkbox"/>
Min per manufacturer	_____	
Right foot	Measurements	_____
Left foot	Measurements	_____
Right rear	Measurements	_____
Left rear	Measurements	_____
2. Emergency brake (parking brake)	<input type="checkbox"/>	<input type="checkbox"/>
3. Steering mechanism	<input type="checkbox"/>	<input type="checkbox"/>
Ball joints	<input type="checkbox"/>	<input type="checkbox"/>
Tie rods	<input type="checkbox"/>	<input type="checkbox"/>
Rack & pinion	<input type="checkbox"/>	<input type="checkbox"/>
Bushings	<input type="checkbox"/>	<input type="checkbox"/>
4. Windshield	<input type="checkbox"/>	<input type="checkbox"/>
Large crack	<input type="checkbox"/>	<input type="checkbox"/>
Small crack	<input type="checkbox"/>	<input type="checkbox"/>
5. Rear window and other glass	<input type="checkbox"/>	<input type="checkbox"/>
6. Windshield wipers	<input type="checkbox"/>	<input type="checkbox"/>
7. Headlights	<input type="checkbox"/>	<input type="checkbox"/>
8. Tail lights	<input type="checkbox"/>	<input type="checkbox"/>

Inspection point	PASS	FAIL
9. Turn indicator lights	<input type="checkbox"/>	<input type="checkbox"/>
10. Stop lights	<input type="checkbox"/>	<input type="checkbox"/>
11. Front seat adjustment	<input type="checkbox"/>	<input type="checkbox"/>
12. Doors (open, close, lock)	<input type="checkbox"/>	<input type="checkbox"/>
13. Horn	<input type="checkbox"/>	<input type="checkbox"/>
14. Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
15. Bumpers	<input type="checkbox"/>	<input type="checkbox"/>
16. Muffler and exhaust system	<input type="checkbox"/>	<input type="checkbox"/>
17. Tires, incl. tread depth	<input type="checkbox"/>	<input type="checkbox"/>
Left front	[32nd's / In]	_____
Right front	[32nd's / In]	_____
Left rear	[32nd's / In]	_____
Right rear	[32nd's / In]	_____
18. Interior and exterior rear view mirrors	<input type="checkbox"/>	<input type="checkbox"/>
19. Safety belts for driver and passenger(s)	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE INSPECTION (Please circle one)	PASS	FAIL
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DRIVER NAME _____ EMAIL ADDRESS _____

LICENSE PLATE # _____ VIN # _____

VEHICLE MAKE _____ VEHICLE MODEL _____ VEHICLE YEAR _____

ZIRO DRIVER SIGNATURE _____ DRIVER PHONE NUMBER _____ DATE _____

TO BE COMPLETED BY INSPECTOR

INSPECTOR NAME _____ INSPECTOR SIGNATURE _____ DATE _____

COMPANY _____ VEHICLE MILEAGE _____

ADDRESS _____