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Inspection Date	Name of Inspecting Person (Print)	Odometer Reading	Vehicle Failings / Notes
Inspection Time	License Plate #		

**VEHICLE**  
 O.K.  Unsafe   
 4 As necessary

✓	X	<b>ALL VEHICLES</b>	
		<b>ENGINE</b>	
		Air Filter	
		Alternator	
		Starter	
		Battery	
		Belts and Hoses	
		Brake Fluid Level	
		Coolant Level	
		Radiator Level	
		Oil Level	
		Steering Fluid Level	
		Transmission Fluid	
		Washer Fluid Level	
		General Engine Condition	
		<b>BODY</b>	
		General body condition	
		Tires (condition and pressure)	
		Tire Chains	
		Wheels / Rims / Lugs	
		Windows	
		Fuel Cap / Filter and Leaks	
		Exhaust	
		Coupling Devices & Hitch	
		<b>INSIDE VEHICLE</b>	
		Brakes - Parking	
		Horn	
		Mirrors	
		Fire Extinguisher	
		Flags / Flares / Fuses	
		Reflective Triangle	
		Spare Bulbs and Fuses	
		Service Brakes	
		Gauges	
		Defroster / Heater	
		Windshield Wipers	
		Headlights & stop lights	
		Tail lights & dash lights	
		Turn Indicators	
		Muffler	
		Steering Mechanism	
		Suspension System	
		Transmission	
		Clutch	
		<b>VAN &amp; PICK-UP ONLY</b>	
		Access Steps Undamaged	
		Reflectors	
		Load Secured Correctly	
		Vehicle Sits Square	
		Air Compressor	
		Air Lines	
		Fifth Wheel	
		<b>PICK-UP ONLY</b>	
		Frame and Assembly	

**CAR / VAN / PICK-UP SAFETY CHECKLIST**

**CAR/VAN/PICK-UP RECORD SLIP**

Mark ' ✓ ' in Inspection Boxes if OK  
 Mark ' X ' in every box requiring attention  
 Mark ' N/A ' in any box not applicable

Signature of Inspecting Person
Job Title of Inspecting Person