

VISUAL SAFETY INSPECTION CHECKLIST

Locations: _____

License No: _____

Odometer Reading: _____

Vehicle Type: _____ Make: _____ Year: _____

Property Number AG000 _____

Interior

- ____ Brake pedal travel
- ____ Parking brake
- ____ Clutch pedal (free play)
- ____ Mirrors (rear and side view)
- ____ Horn operational
- ____ Seat belts
- ____ Windshield wipers/washer
- ____ Heater/defroster
- ____ Air Conditioner

Emergency Kit

- ____ First aid kit
- ____ Fire Extinguisher

Tires

- ____ Tire pressure
(including spare)
- ____ Tire tread wear

Body

- ____ Head and parking lights
- ____ Tail and back up lights
- ____ Turn signals
- ____ Hazard lights
- ____ Tag lights
- ____ Brake lights

Steering

- ____ Sway or drift
- ____ Excessive play
- ____ Binding

Comments: _____

Mechanical inspections are performed by a qualified licensed mechanic in accordance with State and local requirements or manufacturer recommended schedules.

Inspection Performed By: _____
Signature (NRCS Employee) (Date)

Deficiencies Noted Above Repaired On: _____
(Date)