



VEHICLE INSPECTION

INSPECTION POINT (Please Circle One)	PASS	FAIL
1 Foot brakes (pads/shoes thickness)	★	X
Min. per manufacturer: Front _____ Rear _____		
Front Brake Left Measurements _____		
Front Brake Right Measurements _____		
Rear Brake Left Measurements _____		
Rear Brake Right Measurements _____		
2 Emergency brake (parking brake)	★	X
3 Steering mechanism	★	X
Ball joints	★	X
Tie rods	★	X
Rack & pinion	★	X
Bushings	★	X
4 Windshield	★	X
Large crack	★	X
Small crack	★	X
5 Rear window and other glass	★	X
6 Windshield wipers	★	X
7 Headlights	★	X
8 Tail lights	★	X

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

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HEALTHTRAN PARTNER NAME _____ EMAIL ADDRESS _____

HEALTHTRAN PARTNER SIGNATURE _____ HEALTHTRAN PARTNER PHONE NUMBER _____ DATE _____

TO BE COMPLETED BY INSPECTOR	
COMPANY _____	VEHICLE MILEAGE _____
LICENSE PLATE # _____	VIN NUMBER _____
VEHICLE MAKE _____	VEHICLE MODEL _____
ADDRESS _____	
INSPECTOR NAME _____	INSPECTOR SIGNATURE _____