



**PROTEK
SECURITY, INC.**

VEHICLE INSPECTION & MAINTENANCE REQUEST

Date of Inspection: _____ / _____ / _____

Primary Driver: _____

Inspected By: _____

Title: _____

Vehicle Type: _____

Vehicle License Number: _____

Vehicle Number: _____

Comments, Explanation of Unsatisfactory Performance or Needed Repair:

Completed Items



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AUTOMOBILE SELF INSPECTION REPORT

EQUIPMENT		Check One Below		Explanation
		OK	FIX	
BRAKES	Service Or Foot Break			
	Parking Or Hand Break			
LIGHTS	High Beam			
	Low Beam			
	Properly Focused			
	Stop Light			
	Tail Light			
	Directional Signals			
	Emergency Blinkers			
TIRES	Cuts And Bruises			
	Excessive Wear			
	Properly Balanced			
	Inflation – Check & Record Pressure			
BODY	Cleanliness			
	Damage			
INTERIOR	Cleanliness			
ENGINE	Condition			
STEERING	General Condition			
	Wheel Alignment			
GLASS	Damage / Cause			
HEATER / AIR COND.	Condition			
WINDSHEILD WIPERS	Condition			
WINDSHEILD WASHERS	Condition			
REAR VIEW MIRROR	Condition			
SEAT BELTS	Condition			
HORN	Condition			
WARNING LIGHTS / BUZZER	Condition			
INSURANCE CARD	In Glove Block			

Date:

Signature: