



**Auburn University
Risk Management and Safety
Annual Vehicle Safety Inspection Form**


State Tag # _____
Property Control # _____
Department _____

Year: _____
Make: _____
Model: _____
VIN: _____

	<u>Checked</u>	<u>Approved</u>	<u>Comments</u>
Fluids	_____	_____	_____
Windows	_____	_____	_____
Wipers & Washer Equipment	_____	_____	_____
Rearview Mirrors	_____	_____	_____
Lights	_____	_____	_____
Turn Signals	_____	_____	_____
Brakes	_____	_____	_____
Horn	_____	_____	_____
Heater/Defroster	_____	_____	_____
Seat Belts	_____	_____	_____
Tires & Lug Nuts	_____	_____	_____
Steering	_____	_____	_____
Front Suspension Components	_____	_____	_____
Shock Absorbers	_____	_____	_____
Exhaust System	_____	_____	_____
Insurance Certificate	_____	_____	_____

If deficiencies are not corrected at the time of inspection, the vehicle must be returned to the shop within 30 days for reinspection of items not previously approved.

Return a copy of the completed form to:


AUBURN UNIVERSITY
RISK MANAGEMENT & SAFETY
1161 W SAMFORD AVE
RMS BLDG 9
AUBURN, AL 36849

Signed: _____
Inspector Date
Received: _____
Department Representative Date
Charge Acct: _____