

CITY OF COLUMBUS VEHICLE FOR HIRE MECHANICAL FORM

INSPECTION INFORMATION

Owner's Name _____ Date of Inspection _____
 DBA _____ Phone Number _____

VEHICLE INFORMATION

Cab Number _____ Vehicle Mileage _____
 Year _____ Make _____ Model _____ Color _____
 Type _____ Ohio License Plate # _____ Vin # _____

INSPECTION ITEMS

	PASS	FAIL		PASS	FAIL
Low Beam	<input type="checkbox"/>	<input type="checkbox"/>	Tires	<input type="checkbox"/>	<input type="checkbox"/>
High Beam	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	Shocks/Struts	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Flashers	<input type="checkbox"/>	<input type="checkbox"/>	Suspension/Steering	<input type="checkbox"/>	<input type="checkbox"/>
Dome Light(s)	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Brake	<input type="checkbox"/>	<input type="checkbox"/>
Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>
Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Washers	<input type="checkbox"/>	<input type="checkbox"/>
Back-Up Lights	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts	<input type="checkbox"/>	<input type="checkbox"/>
License Plate Light	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>
Top Light	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>
Operating Windows	<input type="checkbox"/>	<input type="checkbox"/>	Defroster/Heater	<input type="checkbox"/>	<input type="checkbox"/>
Brake System	<input type="checkbox"/>	<input type="checkbox"/>	Speedometer	<input type="checkbox"/>	<input type="checkbox"/>

FIRST INSPECTION

YES NO
 Did unit pass inspection?
 If no, explain needed repairs

RE-INSPECTION

YES NO
 Did unit pass re-inspection?
 Re-inspection date _____
 If no, explain needed repairs

Comments / Notes / Needed repairs

Inspected By _____

Signature of Certified Mechanic _____

ASE Certificate Number _____

Name of Inspection Facility _____

Street Address _____

Phone Number _____

City _____ **State** _____ **Zip** _____