



Vehicle Inspection Report

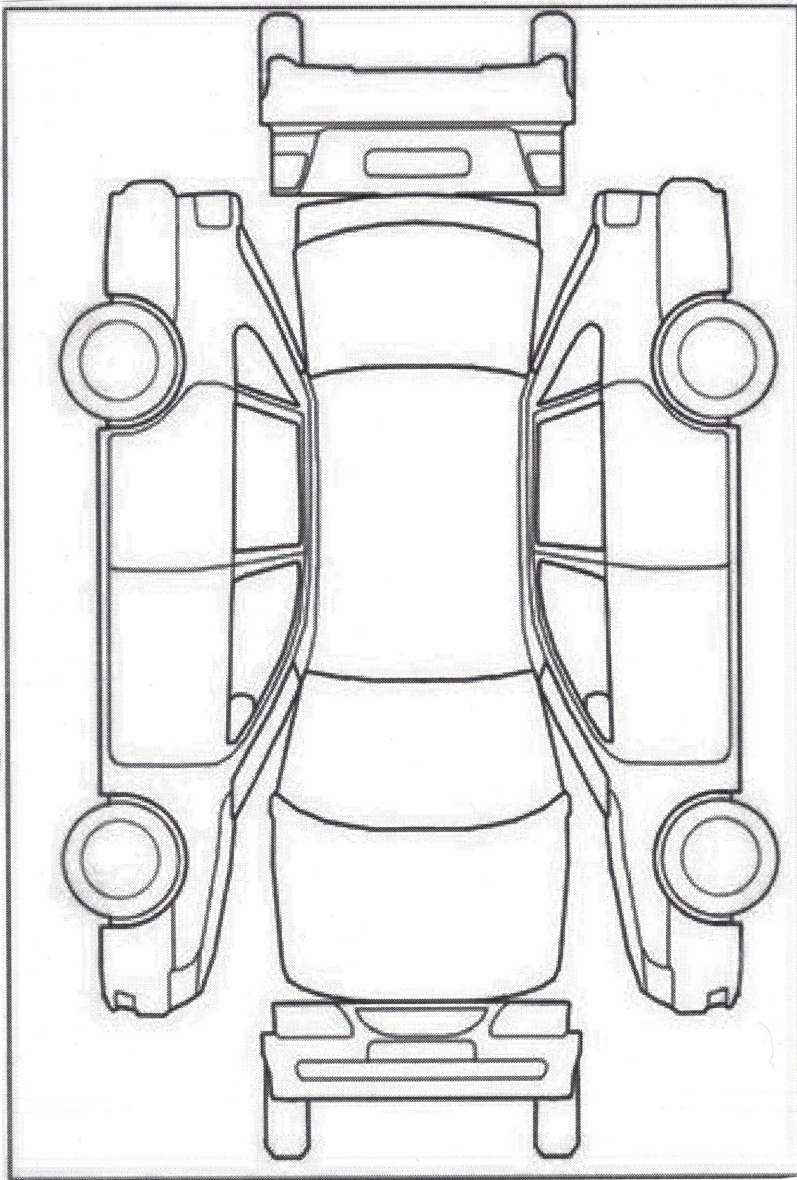
Scan and include with monthly recap, log, and receipts to Fleetops@NWFHealth.org

Date Inspected: _____ Inspected By: _____

Cell Phone: _____ Email Address: _____

Vehicle Year:	Make:	Model:	Property Tag #
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Inspect Vehicle before driving. Point out and mark current damage or issues on diagram.



LEGEND	
OX	Oxidation
DS	Deep Scratch
RP	Rough Paint
UD	Unknown Defect
PT	Paint Transfer
PC	Paint Chip
GS	Glass Scratch/break
GC	Glass Chip
DD	Dent/Dings
SS	Side Swiped
WD	Wheel Damage
FT	Flat tire
GC	Gouge/Crease
LM	Loose Molding