

DRAFT

Private Vehicle Inspection Report

DRAFT INSPECTION REPORT NUMBER

PLACE DECAL HERE

DECAL EXPIRY DATE

INSPECTION RESULT:

INSPECTION TYPE:

REASON FOR INSPECTION:

COLLISION REPAIR FACILITY:

WORK ORDER #

INSPECTION DATE

INSPECTION COMPLETE DATE/TIME

REASON NOTE:

TECHNICIAN NAME:

PHONE #:

INSPECTOR'S NUMBER:

INSPECTOR'S NAME:

CARD EXPIRY DATE:

FACILITY NUMBER:

FACILITY NAME:

WORKING ON BEHALF OF FACILITY:

INSPECTION CLASS:

OWNER/LESSEE:

ADDRESS:

CITY:

PROV:

POSTAL CODE:

REGISTRATION NUMBER:

VEHICLE JURISDICTION:

PLATE NUMBER:

YEAR:

MAKE:

MODEL:

BODY STYLE:

VIN:

ODOMETER:

FUEL TYPE:

UNIT/FLEET #:
(Optional)

BRAKE TYPE:

"F" Failed "R" Repaired (After a Fail) "P" Passed (No checkmark implies "N/A")

DOCUMENTATION	F	R	P		F	R	P		F	R	P
Vehicle Identification				Floors				BRAKES			
				Bumpers				Drum Brakes			
DRIVER'S CONTROLS				Trunk				Disc Brakes			
Horn				Trailer Hitch				Proportioning Valve			
Mirrors				Body Exterior/Protruding Metal				Mechanical Components			
Windshield Wipers				Motorcycle Kickstand				Brake Lines, Hoses			
Windshield and Windows				Frame				Master Cylinder			
Windshield Defroster				Frame Structural Body							
Visors				Unibody				ENGINE COMPARTMENT			
Interior Heaters				Unibody Structural Integrity				Hood & Safety Catch			
Parking Brake				Airbags				Vacuum System			
Power Brake Operation								Power Train			
Brake Pedal Reserve & Leakage Test				UNDERCARRIAGE				Fuel System			
Steering Lash and Travel				Tires							
Power Steering				Tire Construction (Mixed)				PRESSURE FUEL			
Handle Bars				Wheels/Nuts/Studs				Liquid Propane Gas			
Accelerator Pedal				Road Clearance				Compressed Natural Gas			
Transmission/Speedometer/Odometer				Steering Linkage							
				Steering Column and Coupler				LIGHTING/ELECTRICAL			
BODY INTEGRITY				Kingpins				Battery			
Driver's Seat				Ball Joints				Switches			
Seat Belts				Springs and Attachments				Visible Wiring			
Motorcycle Seat				Shock Absorbers				Indicator Lights			
Doors				Wheel Bearings				Lamps			
Physically Disabled Passenger Vehicles				Fuel System				Headlight Aim			
Reflex Reflectors				Exhaust System & Catalytic Converter							

Inspected Item Comments (First 5 Only):

- 1.
- 2.
- 3.
- 4.
- 5.

General Inspection Comments:

Road Tested: Inspector's Name:

Signature _____

The Inspector's signature above is certification that this vehicle has been inspected to the requirements of the Motor Vehicle Act and Regulations.

NOTICE: KEEP THIS VEHICLE INSPECTION REPORT WITH VEHICLE REGISTRATION

The information on this form is collected under the authority of the Motor Vehicle Act, Section 217. The information will be used to process your vehicle inspection. If you have any questions please call 250-952-0577 or visit our website at www.th.gov.bc.ca/cvse