



Town of Inuvik
Passenger Transportation
Mechanical Inspection Form



License Plate #:		Taxi Unit #: (If Applicable)	
Make:	Model:	Color:	Year of Manufacture:
V.I.N. #			
Registered Owner of Vehicle:			

Mechanic's Inspection					
	Pass	Fail		Pass	Fail
Exterior			Under Hood		
Head Lights (High/Low Beams)			Engine Oil		
Turn Signal Lights (Front/Rear)			Coolant		
Brake Lights			Power Steering Fluid		
Reverse Lights			Brake Fluid		
Wiper Blades (Left/Right/Rear, & Sprayer)			Windshield Washer Fluid		
Body Condition			Automatic Transmission Fluid		
Bumpers			Cooling System Hoses		
Side Mirrors			Heater / AC Hoses and Connections		
Windshield/Windows (Cracks, etc.)			Radiator Core and Cap		
Door Latches (Closes Securely)			Air Filters		
Hood/Trunk Latches (Closes Securely)			Drive Belts		
Interior			Under Vehicle		
Horn			PCV Valve		
Interior Dome Lights			Battery (Condition /Terminals/Cables/Mountings)		
Indicator Lights (Turn Signal, High Beam, Etc.)			Under Vehicle		
Gauges (Speedometer, Oil Temp, Etc.)			Rear Shocks / Suspension		
Odometer			Sub-Frame		
Rear View Mirror			Differential (Check Condition & Leaks)		
Seat Belts			Drive Shaft & U-Joints		
Doors and Locks (Able to Unlock/Open)			Muffler / Exhaust / Mountings		
Windows (Able to Open/Close)			Front Shocks / Suspension		
Defroster / Heater			(CV Boots / Tie Rods / Bushings / Ball Joints)		
Emergency/Parking Brake (Adjustment)			Axles (Visual Inspection for Leaks)		
Seats and Seat Covers			CV Drive/Axle Boot		
Steering Wheel, Pedals, Shifter			Steering System Components		
Fire Extinguisher			Fuel System (Lines/Connections/Venting/Cap)		
Tires			Brakes		
Tread Depth (Must be Greater than 4/32nds)			Brake System Components		
Tire Pressure (As Recommended/Rated by Mfg.)			(Cables/Lines/Cylinders/Drum/Etc.)		
Tire Condition			Brake System Operational		
Spare Tire			E-Brake/Parking Brake Operational		
Wheel Fasteners (Lug Nuts)			Brake Linings (Must be Greater than 3mm)		
Tire Tread Depth Measurements:			Brake Lining Measurements:		
Front Left: _____ /32nd	Front Right: _____ /32nd		Front Left: _____ mm	Front Right: _____ mm	
Rear Left: _____ /32nd	Rear Right: _____ /32nd		Rear Left: _____ mm	Rear Right: _____ mm	
Comments:					

Name of Licenced Mechanic: <small>Certifies that he/she conducted the above inspection and that the above information is true and correct to the best of his or her knowledge.</small>		Licence #:
Signature:		Telephone #:
Date of Inspection:	Odometer Reading During Inspection: _____ kms	

Peace Officer Inspection (Taxi/Accessible Taxi/Charter Service Vehicles Only)					
	Pass	Fail		Pass	Fail
Lights (Head Lights, Signal Lights, Etc.)			Cleanliness		
Body & Windows Condition			Seatbelts		
Tire Condition			Fare Sheet & Permit on Display		
Roof Sign (Taxi/Accessible Taxi Only)			Spare Tire, Tire Jack, Lug Wrench		
Unit Number Sign (Left/Right/Rear)			Fire Extinguisher		
Accessible Taxi Equipment (when applicable)			Radio or Dispatch System		
Overall Condition & Road Test			Comments:		
Inspected By:					
Date Inspected:					