

COMPANY NAME: _____

MONTH: _____

YEAR: _____

90 Day Inspection Form

**Required for all DOT Regulated Vehicles - Recommended Every Odd Month.*

	Date									
Vehicle #										
Pushout Windows										
Emergency Doors										
Emergency Door Lights										
Vehicle #										
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Emergency Door Lights										
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Emergency Doors										
Emergency Door Lights										
Vehicle #										
Pushout Windows										
Emergency Doors										
Emergency Door Lights										

I certify that these vehicles were inspected on the dates listed above: _____