

**State of Vermont**  
**DEPARTMENT OF MOTOR VEHICLES**  
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*Agency of Transportation*

## Vehicle Inspection Criteria

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09-002

Our office developed an inspection criteria check sheet, which we utilize with students affiliated with different technical centers throughout the state. Use of the sheet ensures none of the required components of a vehicle are overlooked during an inspection. The use of the check sheet has been well received and we believe it would be a benefit to you, as well. Use of the check sheet will ensure none of the safety-related components required during an inspection are overlooked and it can help assure station owners that technicians are conducting thorough inspections. Additionally, the check list can be shown to customers as a reference to justify your work and the time it takes to conduct a thorough inspection.

It is not a mandate to use this check sheet; it has been distributed to you as a reference. Feel free to use the form or create one of your own if desired. As always, continue to refer to the Vermont Periodic Inspection Manual as a reference for what the pass / fail criteria are for each vehicle component being inspected. In addition to your hard copies of the periodic inspection manual, it can be accessed via the DMV website at <http://dmv.vermont.gov>. Go to the website and click on "Publications & Manuals" to get to the page to access it.

For questions regarding this bulletin, please telephone the Vermont Department of Motor Vehicles Inspection Unit at 802-828-2094 or your area DMV Field Inspector.



# Vermont State Vehicle Inspection



Date: \_\_\_\_\_  
 Mechanic: \_\_\_\_\_  
 Assessor: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Number: \_\_\_\_\_

Vehicle Documentation	Meets Criteria
Fill out vehicle work order for inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verify registration certificate is current, accurate and in agreement with vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verify insurance document is current, accurate and in agreement with vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verify public VIN on vehicle dashboard and match to vehicle documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety	Meets Criteria
Verify vehicle is equipped with seat belts (1964 & newer) and verify functionality	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body	Meets Criteria
Check interior rearview mirror	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check exterior rearview mirror	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check windshield wipers for correct operation and condition of blades	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check bumpers and fenders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check for protruding metal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check for sun visors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tires & Wheels	Meets Criteria
Measure tires for wear	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check tires for cuts, snags and cracks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check tires for bumps, bulges and knots	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check tire labeling for restricted usage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check wheel bolts, nuts or lugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check wheel for damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check function of TPMS system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check for proper tire size	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check for proper inflation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure tires do not protrude past fender wells	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steering & Suspension	Meets Criteria
Check for lash or free play in steering system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check power steering system for operation, fluid level and leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check ball joints for movement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check ball joint assembly for seizure due to rust	<input type="checkbox"/> Yes <input type="checkbox"/> No
If ball joint movement is detected, check tolerance with tool (use manufacturer specs.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check torsion bars or springs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check tie rod ends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check tie rods for seizure due to rust	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check condition of shock absorbers and struts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check wheel bearings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check axle shaft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Brakes</b>	<b>Meets Criteria</b>	
Check for brake failure and ABS indicator lamp operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check brake system integrity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check parking brake functionality	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check brake failure lamp	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check master cylinder lines and wheel brakes for signs of leakage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check brake hoses for integrity, cracks and wear	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Road test brakes (stop within 25 feet at 20 mph)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verify critical vehicle instrumentation (odometer & speedometer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Lighting &amp; Electrical System</b>	<b>Meets Criteria</b>	
Perform a visual check of all lamp functionality	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ensure fog and driving lights illuminate with corresponding headlight beams	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check headlight aim	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check switches and functions of directional controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check defroster function	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check horn function	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check for exposed wiring for damage and poor connections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check lights for cracks, leaks or insufficient repairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check for unauthorized after-market lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check airbag readiness light	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Glass</b>	<b>Meets Criteria</b>	
Check windshield glass for cracks, chips and discoloration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check left front window for visibility and operation of all windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check for incorrect sticker placement or other visual restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check glass to the left & right of the driver position for after-market tinting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Body</b>	<b>Meets Criteria</b>	
Check integrity of floor pan and trunk area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check frame and body mounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Exhaust System</b>	<b>Meets Criteria</b>	
Check vehicle muffler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check for after-market uncertified muffler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check for loose joints or leaking joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check for leaks caused by corrosion, seams or patches on muffler or tail pipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check tailpipe end for restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check for exhaust system modifications allowing excessive noise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ensure no part of the exhaust system passes through the passenger compartment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Fuel System</b>	<b>Meets Criteria</b>	
Ensure system is security attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check for vapor or fuel leakage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check for proper routing of fuel lines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check fuel tank and or auxiliary fuel tank or jug stored in vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Emission System</b>	<b>Meets Criteria</b>	
Check catalytic converter if so equipped	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ensure fuel cap is present and secure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform OBD II check (1996 & newer vehicles – use CAN protocol scan tool)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fill out OBD II Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Paperwork</b>	<b>Meets Criteria</b>	
Fill out inspection sticker, use correct numeric insert & affix to vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fill out inspection log sheet	<input type="checkbox"/> Yes	<input type="checkbox"/> No