

Mighway Vehicle Inspection Report



VEHICLE DETAILS

Owners Name

Phone Number

Email Address

Managed Partner

Home Address

Vehicle Make

Vehicle Model

Year

License Plate

Owners Drop Off Date

/ /

Time

Owners Pick Up Date

/ /

Time

BASIC COMPLIANCE/CONDITION

Please check the following

Date of Inspection

Fuel tank is Full

Date of Inspection

Fresh water tank is Full

Date of Inspection

Black water tank is empty

Date of Inspection

Grey water tank is empty

Date of Inspection

Valid Registration

Date of Inspection

Valid Insurance

Date of Inspection

Miles at Drop off

Miles available until next service

(Suggested 3500 miles)

Generator hours at Drop off

HOW DOES THE VEHICLE WORK?

It is important that you take the time to understand the details of how the RV operates. Use the Handy Hints sheet as a support document to capture any unique features or functionality.

Waste Water

Fresh Water

Fuel

Electrical

Transmission

Warning Lights

Braking System

Heating/Air Con

Bathroom

Toilet

Fridge

TV/DVD/Satellite

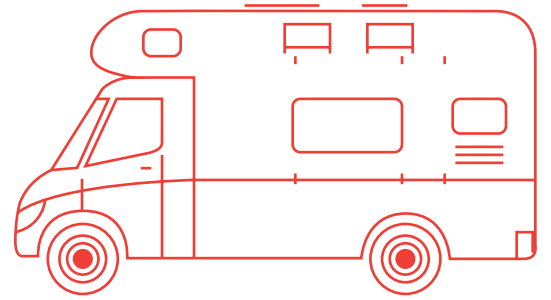
Oven/Stove/Microwave

Other

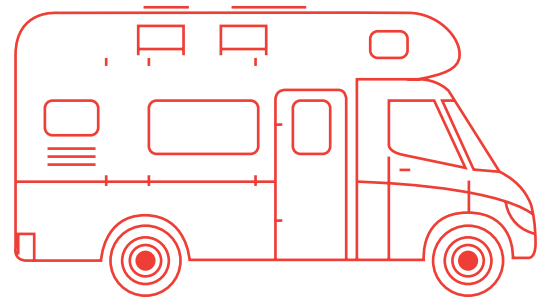
VEHICLE CHECKLIST

	Good	Issue	Notes
Windshield No cracks or chips	<input type="checkbox"/>	<input type="checkbox"/>	Note
Tires Good tread and pressure	<input type="checkbox"/>	<input type="checkbox"/>	Note
Lights All working	<input type="checkbox"/>	<input type="checkbox"/>	Note
Wipers Blades in good condition	<input type="checkbox"/>	<input type="checkbox"/>	Note
Spare tire In place and good tread	<input type="checkbox"/>	<input type="checkbox"/>	Note
Awning In good condition	<input type="checkbox"/>	<input type="checkbox"/>	Note
LPG tank full	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fuel Cap In place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Water Cap In place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Black water is empty	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Grey water is empty	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Water Hose In place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sewer hose Clean, good condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note
Sewer cap in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General exterior cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	Note
Carpet/Lino Clean, No rips	<input type="checkbox"/>	<input type="checkbox"/>	Note
Upholstery Clean, No rips	<input type="checkbox"/>	<input type="checkbox"/>	Note
Blinds/Curtains Clean, working, No rips	<input type="checkbox"/>	<input type="checkbox"/>	Note
Fridge Working, Clean	<input type="checkbox"/>	<input type="checkbox"/>	Note
Oven Working, Clean	<input type="checkbox"/>	<input type="checkbox"/>	Note
Stove Top Working, Clean	<input type="checkbox"/>	<input type="checkbox"/>	Note
Microwave Working, Clean	<input type="checkbox"/>	<input type="checkbox"/>	Note
AC/Heating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TV/DVD Working	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fire Extinguisher In Place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
First aid Kit In Place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Kitchen accessories In Place, Clean	<input type="checkbox"/>	<input type="checkbox"/>	Note
Laundry/Blankets Clean, No rips	<input type="checkbox"/>	<input type="checkbox"/>	Note
General interior cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	Note

DRIVERS SIDE DAMAGE CHECK

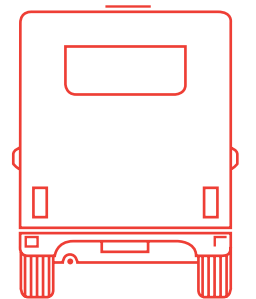
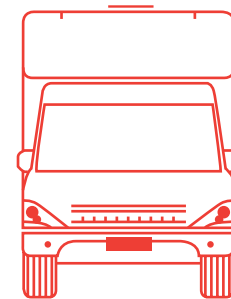


PASSENGERS SIDE DAMAGE CHECK



FRONT

REAR



○ = Dent - = Scratch X = Chip
 ∅ = Scuff ∴ = Stone Chips

SIGNED: OWNERS DROP OFF

Owner

Highway Partner (Dealer)

SIGNED: OWNERS PICK UP

Owner

Highway Partner (Dealer)

Please ensure to email a scanned copy of the signed Pick up/Drop off report to info@mighway.com within 2 business days.