

Pre-Trip Vehicle Inspection Form

Driver must inspect the assigned vehicle before the vehicle is moved. Use this checklist as a guide for inspecting the vehicle. Check **OK** if item functions properly and **REPAIR** if repair is needed.

VEHICLE RECEIVING INSPECTION: _____ LICENSE NUMBER: _____

DRIVER NAME: _____ ODOMETER NUMBER: _____

OK	REPAIR	ENGINE OFF CRITERIA
		Engine oil within acceptable limits
		Fan belts tight and show no obvious damage
		Coolant level acceptable
		Tire tread and sidewalls show no damage
		Tires appropriately inflated
		Windows clean, inside and outside
		Windshield wipers clean and not stuck to windshield
		Seat belt functions correctly
		Emergency/incident reporting kits available
		Fire extinguisher available
OK	REPAIR	ENGINE ON CRITERIA
		Headlights function on both hi and low beam
		Turn signals function
		Brake lights function including third brake light
		Reverse lights/back up alarm functions
		Fluid leaks discovered
		Horn sounds
		Mirrors function and are clean
		Brakes function correctly

Any new damage noted prior to using this vehicle? Yes No

NOTES: _____

I have personally inspected the vehicle above and have found it to be in the condition indicated above.

SIGNATURE: _____ DATE: _____