

Vehicle Pre-Trip Inspection Checklist

Vehicle # _____

Date _____

Driver 1 _____

Driver 2 _____

Beginning Mileage: _____

Beginning Mileage: _____

Ending Mileage: _____

Ending Mileage: _____

Total Miles: _____

Total Miles: _____

Inspection Start Time: _____

Inspection Start Time: _____

Inspection End Time: _____

Inspection End Time: _____

Added (A) Checked (X) Repair Needed (R)

Report all repairs needed below in comment area.

Items to Check Daily	Driver 1	Driver 2	Items to Check Daily	Driver 1	Driver 2
Oil Level			Gauges: Fuel/Oil/Volt/Temp		
Transmission Level			Brake Pedal/Emergency Brake		
Coolant Level			Registration/Insurance Info		
Power Steering Level			A/C, Defroster, Heater-Front & Rear		
Brake Fluid			Passenger Entrance Door/Light		
Belts/Hoses/Wires/Batteries			Interior Lights		
Water/Fluid Leaks			Horn/Radio/PA & Passenger Signaling		
Windshield/Wipers/Washer Fluid			Seats/Seat Belts/Hand Rails		
Headlights – Hi-Low/Daytime Running			Interior Clean		
Directional Lights			Modesty Panels/Stanchions		
Emergency Flashers			Wheelchair Lift/Interlock System		
Brake/Back-Up Lights			Securement System		
Clearance Lights			Fire Extinguisher/Reflectors		
Back Up Alarm			First Aid/Bloodborne Kits		
Mirrors/Windows/Doors/Locks			Fare Box		
Tires/Lug Nuts/Tire Pressure			Roof Hatch		
Exterior Decals/Inspection Sticker			Destination Signs		
Logo/Striping			Interior Decals		
Strobe Light			Windows/Emergency Windows		
Fog Lamps			Leaks		
Clean Exterior			OTHER:		

BODY DAMAGE DESCRIPTION: _____

OTHER COMMENTS: _____

NOTIFIED SUPERVISOR OF ANY REPAIRS NEEDED: ____ YES ____ NO

Driver 1 Signature: _____ Driver 2 Signature: _____