



Vehicle Pre-Trip Inspection Checklist

Driver: _____ Vehicle # _____ Beginning Mileage: _____ Date: _____

Instructions: Inspect each item below on the vehicle:

- Place a check mark if the status is OK.
- Circle the item if the status is defective, and report the problem in the "Problem Report" section below.
- Vehicle should be on level ground and at operating temperature when checking fluid levels.

Engine/Fluid Levels	Interior Checks	Exterior Checks
<input type="checkbox"/> Fuel Level <input type="checkbox"/> Oil Level/Pressure <input type="checkbox"/> Transmission Fluid Level <input type="checkbox"/> Power Steering Fluid Level <input type="checkbox"/> Brake Fluid Level <input type="checkbox"/> Battery Charge <input type="checkbox"/> Windshield Wiper Fluid <input type="checkbox"/> Radiator Fluid Level <input type="checkbox"/> Fluids Leaking Under Vehicle <input type="checkbox"/> Engine Warning Lights <input type="checkbox"/> Other _____	<input type="checkbox"/> Mirrors <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Horn <input type="checkbox"/> Parking Brake <input type="checkbox"/> Fans/Defroster <input type="checkbox"/> Heater/Air Conditioning <input type="checkbox"/> Radio Equipment/Cellphone <input type="checkbox"/> Passenger Door Operation <input type="checkbox"/> Interior Lights <input type="checkbox"/> Driver Seat & Belts <input type="checkbox"/> Passenger Seats <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other Emergency Gear <input type="checkbox"/> Blue Boxes <input type="checkbox"/> Manifest <input type="checkbox"/> Windows Clean? <input type="checkbox"/> Interior Clean? <input type="checkbox"/> Waste receptacle emptied? <input type="checkbox"/> Other _____	<input type="checkbox"/> Headlights (hi/low) <input type="checkbox"/> Fog lamps/hazard lamps <input type="checkbox"/> Windshield condition <input type="checkbox"/> Directional Signals front/rear <input type="checkbox"/> Taillights/running lights <input type="checkbox"/> Brake lights/Back-Up Lights <input type="checkbox"/> Tire condition/air pressure <input type="checkbox"/> Lug nuts tight <input type="checkbox"/> Lift gate <input type="checkbox"/> Luggage storage doors & engine compartment panels <input type="checkbox"/> Exterior clean? <input type="checkbox"/> Body condition/scratches/dings/dents <input type="checkbox"/> Other _____

Does any problem circled require the vehicle to be taken out of service? ☐ Yes ☐ No

Has a Supervisor been notified? ☐ Yes ☐ No Supervisor's Name: _____

Problem Report *(Describe all problem areas circled above):*

Date: _____ Driver Signature: _____

Maintenance Required: ☐ Yes ☐ No

Maintenance Scheduled For _____

Date Vehicle Returned to Service: _____