

VEHICLE USE PRE & POST TRIP INSPECTION FORM

Vehicle Number: _____ **Destination:** _____

1. The following items are located in this vehicle and it is your responsibility to ensure these items are in this vehicle before you depart and when you return. Any items found to be missing or deficient must be addressed prior to your departure by notifying Public Works.

| Equipment & Supplies (check if item is present & OK) | Pre-trip | Post-trip |
|--|----------|-----------|
| Spare Tire (inflated) with Jack (1 each) | | |
| First Aid Kit (1 in trunk) | | |
| Roadside Triangles (1 set in trunk) | | |
| Pre-moistened Hand Towels (1 tube in trunk) | | |
| Flash light (1 in glove box) | | |
| Accident Reporting Kit (1 in glove box) | | |
| Vehicle Registration Card (1 in glove box) | | |
| Fire Extinguisher (1 mounted inside vehicle) | | |
| Full Tank of Gas | | |

2. A walk-around safety inspection is required. Please inspect the vehicle for the following before and after your trip. Any problems must be reported to Public Works before departure.

| (check if OK) | Pre-trip | Post-trip |
|---|----------|-----------|
| Headlights – no broken lens or bulbs, not at odd angle | | |
| Left & right side view mirrors – no broken or cracked glass, (adjust if necessary) | | |
| Tail lights, brake lights, turn signals – no broken or cracked lens, no burnt out bulbs, illuminates well | | |
| Tires- good air pressure and tread; no uneven wear, cuts or bulges | | |
| Windshield, windows – no cracks or discolorations, clean | | |
| Windshield wipers – no worn blades | | |
| No signs of fluid underneath vehicle | | |
| Odometer readings (please write the pre & post trip readings) | | |

3. If you experience any problems with this vehicle during use, please use the back of this form to explain the problems. Note, any damages or claims resulting from the use of this vehicle are the responsibility of your organization per the signed Vehicle Use Form.

| | | |
|------------------------------------|-------------|--------|
| Pre trip inspection completed by: | | |
| _____ | _____ | _____ |
| (printed name) | (signature) | (date) |
| Post trip inspection completed by: | | |
| _____ | _____ | _____ |
| (printed name) | (signature) | (date) |