

Pre-Trip Fleet Vehicle Inspection Form

DRIVER MUST INSPECT THE ASSIGNED VEHICLE BEFORE THE VEHICLE IS MOVED.

DRIVER: USE THIS CHECK LIST AS A GUIDE FOR INSPECTING THE VEHICLE.

CHECK "OK" IF ITEM FUNCTIONS PROPERLY AND "REPAIR" IF REPAIR IS NEEDED.

Vehicle Receiving Inspection: _____ License No. _____

Odometer Number: _____ Driver Name: _____

OK	REPAIR	ENGINE OFF CRITERIA
		ENGINE OIL WITHIN ACCEPTABLE LIMITS
		FAN BELTS TIGHT AND SHOW NO OBVIOUS DAMAGE
		COOLANT LEVEL ACCEPTABLE
		TIRE TREAD AND SIDEWALS SHOW NO DAMAGE
		TIRE INFLATION
		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
		ENGINE ON CRITERIA
		HEADLIGHTS FUNCTION ON BOTH HI AND LO 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?

NOTES: _____

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

Signature: _____ Date: _____