



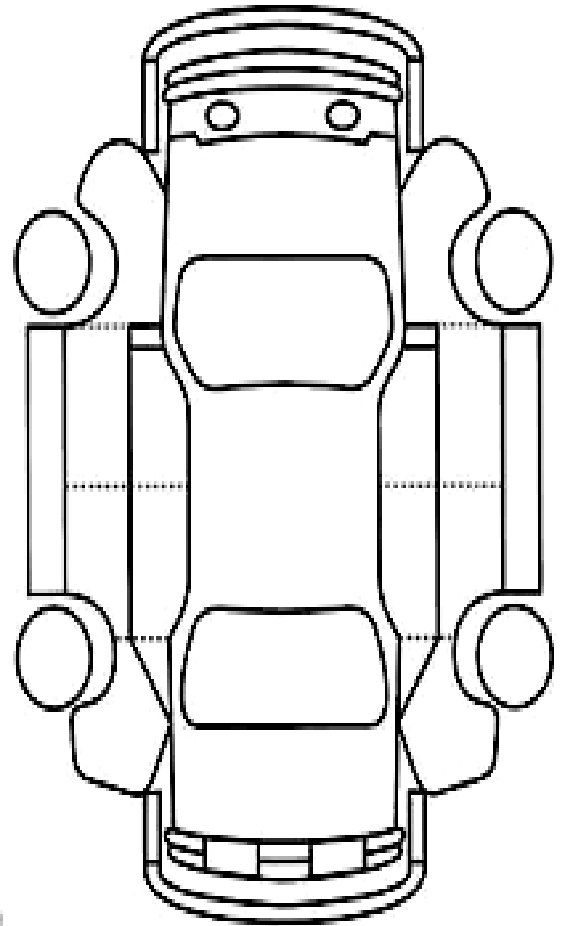
## Vehicle Post-trip Inspection Form

**DRIVER MUST INSPECT THE ASSIGNED VEHICLE AFTER THE VEHICLE IS PARKED.  
DRIVER: USE THIS CHECK LIST AS A GUIDE FOR INSPECTING THE VEHICLE.**

Driver Name (Print): \_\_\_\_\_ Odometer: \_\_\_\_\_  
 Location: \_\_\_\_\_ Vehicle Tag No.: \_\_\_\_\_  
 Department: \_\_\_\_\_ Time: \_\_\_\_\_

**Please Check the items inspected:**

| <u>With Engine OFF</u>                                      | Checked |
|---|---------|
| Exterior clean and free of damage                           |         |
| Tires (Inflation, depth, condition)                         |         |
| License Plate and Decal                                     |         |
| Windsheild/Wipers   |         |
| Outside Mirrors   |         |
| Exterior Lens (Headlights, Turn Signals, Brake/Tail Lights) |         |
| Vehicle Registration/Insurance/Fuel Card                    |         |
| <u>With the Engine Running On</u>                           | Checked |
| Headlights Function (high/low beam)                         |         |
| Turn Signals (Left/Right)                                   |         |
| Brake Lights  |         |
| Reverse Lights  |         |
| Leakage of fluid under the vehicle                          |         |
| Horn  |         |
| Mirrors are properly adjusted                               |         |
| Seatbelt  |         |
| Interior Clean and free of litter                           |         |
| Any Damage Noted Prior To Using This Vehicle?               |         |



(Mark Damage with "X")

**NOTES:** (Write any Damage, Repairs needed, Missing/Broken Items, etc.)

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

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Signature)