



Vehicle Pre-trip 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.**

Driver Name (Print): _____

Odometer: _____

Location: _____

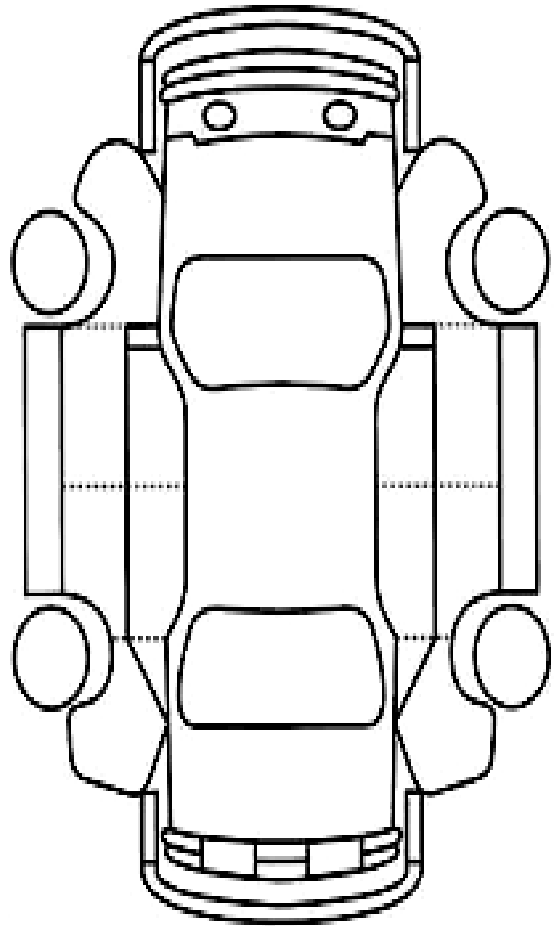
Vehicle Tag No.: _____

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.)

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

Employee: _____
(Signature)

Date: _____