

PRE-TRIP VEHICLE INSPECTION

VEHICLE ID	LAST SIX DIGITS OF VIN	MAKE & MODEL

EACH DRIVER* SHALL CONDUCT AN INSPECTION ON THE FOLLOWING ITEMS BEFORE PROVIDING THE FIRST SERVICE OF THE DAY

Week Of: ___ / ___ / _____ MM DD YYYY		SUN	MON	TUES	WED	THURS	FRI	SAT					
ODOMETER READING													
INSPECTION ITEMS		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EXTERIOR	Ground under vehicle free of leaked fluids?												
	Auto body free of new damage?												
	Clean windows and mirrors?												
	Windshield wipers/washers appear OK?												
TIRES APPEAR OK?	Properly inflated?												
	Free of visible damage?												
UNDER THE HOOD <small>The driver shall check oil and belts before starting vehicle.</small>	Adequate clean oil?												
	Hoses appear OK? (e.g., no cracks, leaks)												
	Belts appear OK? (e.g., no fraying)												
	Adequate windshield washer fluid?												
ITEMS STORED IN VEHICLE?	Current, valid insurance ID card?												
	Current, valid vehicle registration?												
	Biohazard kit?												
	First-aid kit?												
	Seatbelt cutter?												
	Flares or reflective triangles?												
	Fire extinguisher?												
ITEMS INSPECTED FROM THE INTERIOR APPEAR OK?	Blanket? (winter only)												
	Seat belts?												
	Seats hazard-free (tears, loose armrests)?												
	Floor free of hazards?												
	Clean interior?												
	Mirrors adjusted properly?												
	Doors operate from inside and outside?												
	Door locks?												
	Gauges? (e.g., oil, fuel, temp.)												
	Fuel level adequate?												
	No warning lights (e.g., check brakes) lit?												
	2-way communication device? (e.g., radio/cell)												
	Horn?												
	Back-up alarm (if equipped)?												
Brakes?													
Heater, defroster, and AC?													
LIGHTS WORKING PROPERLY? <small>The driver shall use a second person to inspect lights that he/she cannot inspect. (e.g., brake lights and back-up lights)</small>	Each headlight (high & low beam)?												
	Each tail light and marker light?												
	Each brake light?												
	Each turn signal?												
	Each back-up light?												
	Hazard lights (front and rear)?												
	License plate light?												
If equipped WHEELCHAIR LIFT and RAMP APPEAR OK?	Interior lights?												
	Operate through complete cycle?												
	Properly secured to vehicle?												
	Proper number of restraints?												
	Free of physical damage or leaking fluid?												
Free of dirt, mud, gravel, salt, etc.?													
Lack need for repair?													

*No two drivers should use the same form. If two drivers use the same vehicle for the service, each driver should complete a separate form.

DRIVER	(PRINT NAME)
	(SIGNATURE)