

Vehicle Pre-Trip Inspection Form

1.1 Exterior of vehicle

<input type="checkbox"/> Vehicle leaning	<input type="checkbox"/> Wiper arms & blades	<input type="checkbox"/> Transmission fluid
<input type="checkbox"/> Headlights	<input type="checkbox"/> Any outside damage	<input type="checkbox"/> Windshield washer fluid
<input type="checkbox"/> Marker Lights	<input type="checkbox"/> Exterior Mirrors	<input type="checkbox"/> Power steering fluid
<input type="checkbox"/> Turn signals/4 ways	<input type="checkbox"/> Door glass	<input type="checkbox"/> Front tires air pressure
<input type="checkbox"/> Tail/brake lights	<input type="checkbox"/> Windows	<input type="checkbox"/> Back tires air pressure
<input type="checkbox"/> Reverse beeper	<input type="checkbox"/> Tires & Rims	
<input type="checkbox"/> Oil	<input type="checkbox"/> Fuel cap	
<input type="checkbox"/> Windshield	<input type="checkbox"/> Fluid leaking	

1.2 Interior Inspection

1.3 Pictures

<input type="checkbox"/> Seats	1st shift	<input type="checkbox"/> Front of vehicle including license plate
<input type="checkbox"/> Floor		<input type="checkbox"/> Left side of vehicle
<input type="checkbox"/> Hand Rails		<input type="checkbox"/> Back of vehicle including license plate
<input type="checkbox"/> Emergency exits		<input type="checkbox"/> Right side of vehicle
<input type="checkbox"/> Doors	Driver:	
<input type="checkbox"/> Interior lights	2nd shift	<input type="checkbox"/> Front of vehicle including license plate
<input type="checkbox"/> Heater A/C		<input type="checkbox"/> Left side of vehicle
<input type="checkbox"/> Defroster & Fans		<input type="checkbox"/> Back of vehicle including license plate
<input type="checkbox"/> Dash lights		<input type="checkbox"/> Right side of vehicle
<input type="checkbox"/> Gauges	Driver:	
<input type="checkbox"/> Seat belts	3rd shift	<input type="checkbox"/> Front of vehicle including license plate
<input type="checkbox"/> Horn		<input type="checkbox"/> Left side of vehicle
<input type="checkbox"/> Wipers		<input type="checkbox"/> Back of vehicle including license plate
<input type="checkbox"/> Emergency equipment		<input type="checkbox"/> Right side of vehicle
<input type="checkbox"/> Accident Packet	Driver:	
<input type="checkbox"/> Radio		

Operator's Comments:

Vehicle info & Driver Verification Signature

	License #:	
	Current Mileage:	
	Mileage for Service:	
	<i>Signature:</i>	
	<i>Date:</i>	

