

Vehicle Pre-Trip Inspection



General Information

Date _____

Department _____

Employee Name _____

Vehicle Number _____

Milage

Milage End _____

Engine Hours End _____

Start _____

Start _____

Total _____

Total _____

Defects

Note if any of the following needs work (indicate with an X).

Brakes

Tires

Turn Signals

Defroster / Heater / AC

Flashers

Head Lights

Wipers

Other _____

Horn

Comments:

