

DAILY VEHICLE PRE-TRIP/POST-TRIP INSPECTION CHECKLIST

VEHICLE # _____ DATE _____

Inspect items below and check if ok. If not, submit a VEHICLE REPAIR FORM immediately and leave blank until repair is made. Submit this form daily.

COMPLETE FOR PRE-TRIP INSPECTION

ENGINE

☐ OIL LEVEL

☐ RADIATION LEVEL

☐ BATTERY LEVEL

☐ WINDSHIELD WASHER

☐ BRAKE FLUID

☐ TRANSMISSION FLUID LEVEL

☐ POWER STERRING FLUID

☐ ENGINE CLEAN

☐ BELTS

EXTERIOR

☐ TIRES

☐ TURN SIGNALS

☐ MIRRORS

☐ EMERGENCY FLASHERS

☐ WINDSHIELD WIPERS

☐ FRESH BODY DAMAGE

☐ CLEANLINESS

INTERIOR

☐ BRAKES/EMERGENCY BRAKES

☐ WHEELCHAIR LIFT/TIE DOWN

☐ STEERING

☐ DASH LIGHTS/GAUGES

☐ AIR CONDITIONER/HEATER

☐ SPARE TIRE & JACK

SAFETY EQUIPMENT

☐ CHILD SAFETY ALARM

☐ FIRE EXTINGUISHER & SIGN

☐ FLARES

☐ FIRST AID KIT & SIGN

☐ SAFETY BELTS, BELT CUTTER

☐ NO LOUD RADIO & BELT CUTTER SIGNS

☐ NO SMOKING/FASTEN SEAT BELT SIGNS

☐ VEHICLE REGISTRATION/INSURANCE CARD

COMPLETE FOR POST-TRIP INSPECTION

EXTERIOR

☐ TIRES

☐ TURN SIGNALS

☐ MIRRORS

☐ EMERGENCY FLASHERS

☐ WINDSHIELD WIPERS

☐ FRESH BODY DAMAGE

☐ CLEANLINESS

INTERIOR

☐ BRAKES/EMERGENCY BRAKES

☐ WHEELCHAIR LIFT/TIE DOWN

☐ STEERING

☐ DASH LIGHTS/GAUGES

☐ AIR CONDITIONER/HEATER

☐ SPARE TIRE & JACK

SAFETY EQUIPMENT

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☐ SAFETY BELTS, BELT CUTTER

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☐ VEHICLE REGISTRATION/INSURANCE CARD

DRIVER'S DAILY LOG (COMPLETE IF ROUTE IS 100 MILES OR MORE ONE WAY)

	Mid-night	1	2	3	4	5	6	7	8	9	10	11	Noon	1	2	3	4	5	6	7	8	9	10	11	Total Hours
1. OFF DUTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. SLEEPER BERTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. DRIVING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. ON DUTY Not Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DRIVER'S SIGNATURE _____