

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
<input type="checkbox"/> OIL LEVEL
<input type="checkbox"/> RADIATION LEVEL
<input type="checkbox"/> BATTERY LEVEL
<input type="checkbox"/> WINDSHIELD WASHER
<input type="checkbox"/> BRAKE FLUID
<input type="checkbox"/> TRANSMISSION FLUID LEVEL
<input type="checkbox"/> POWER STEERING FLUID
<input type="checkbox"/> ENGINE CLEAN
<input type="checkbox"/> BELTS
EXTERIOR
<input type="checkbox"/> TIRES
<input type="checkbox"/> TURN SIGNALS
<input type="checkbox"/> MIRRORS
<input type="checkbox"/> EMERGENCY FLASHERS
<input type="checkbox"/> WINDSHIELD WIPERS
<input type="checkbox"/> FRESH BODY DAMAGE
<input type="checkbox"/> CLEANLINESS
INTERIOR
<input type="checkbox"/> BRAKES/EMERGENCY BRAKES
<input type="checkbox"/> WHEELCHAIR LIFT/TIE DOWN
<input type="checkbox"/> STEERING
<input type="checkbox"/> DASH LIGHTS/GAUGES
<input type="checkbox"/> AIR CONDITIONER/HEATER
<input type="checkbox"/> SPARE TIRE & JACK
SAFETY EQUIPMENT
<input type="checkbox"/> CHILD SAFETY ALARM
<input type="checkbox"/> FIRE EXTINGUISHER & SIGN
<input type="checkbox"/> FLARES
<input type="checkbox"/> FIRST AID KIT & SIGN
<input type="checkbox"/> SAFETY BELTS, BELT CUTTER
<input type="checkbox"/> NO LOUD RADIO & BELT CUTTER SIGNS
<input type="checkbox"/> NO SMOKING/FASTEN SEAT BELT SIGNS
<input type="checkbox"/> VEHICLE REGISTRATION/INSURANCE CARD

COMPLETE FOR POST-TRIP INSPECTION
EXTERIOR
<input type="checkbox"/> TIRES
<input type="checkbox"/> TURN SIGNALS
<input type="checkbox"/> MIRRORS
<input type="checkbox"/> EMERGENCY FLASHERS
<input type="checkbox"/> WINDSHIELD WIPERS
<input type="checkbox"/> FRESH BODY DAMAGE
<input type="checkbox"/> CLEANLINESS
INTERIOR
<input type="checkbox"/> BRAKES/EMERGENCY BRAKES
<input type="checkbox"/> WHEELCHAIR LIFT/TIE DOWN
<input type="checkbox"/> STEERING
<input type="checkbox"/> DASH LIGHTS/GAUGES
<input type="checkbox"/> AIR CONDITIONER/HEATER
<input type="checkbox"/> SPARE TIRE & JACK
SAFETY EQUIPMENT
<input type="checkbox"/> CHILD SAFETY ALARM
<input type="checkbox"/> FIRE EXTINGUISHER & SIGN
<input type="checkbox"/> FLARES
<input type="checkbox"/> FIRST AID KIT & SIGN
<input type="checkbox"/> SAFETY BELTS, BELT CUTTER
<input type="checkbox"/> NO LOUD RADIO & BELT CUTTER SIGNS
<input type="checkbox"/> NO SMOKING/FASTEN SEAT BELT SIGNS
<input type="checkbox"/> 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																									
2. SLEEPER BERTH																									
3. DRIVING																									
4. ON DUTY Not Driving																									

DRIVER'S SIGNATURE