

Daily Vehicle Pre-Trip Inspection Report

Driver Name _____

Start Mileage _____

Date _____ Full Vehicle # _____ Inspection Start Time _____

End Mileage _____

Inspection End Time _____

Lift Cycle Counter _____

EACH INSPECTION ITEM MUST BE MARKED WITH X unless not applicable to vehicle

N/ATTN = Needs Attention

<p>Oil Level: Pull out, wipe, reinsert, check <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Coolant Level: Sight glass or line markings within range of markings <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Power Steering Fluid: Sight glass, line markings, or open cap – fluid within range of markings <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Windshield Washer Fluid: Line markings or open cap – fluid is at full line marking <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Transmission Fluid Level: Pull out, wipe, reinsert, check (Engine may need to be running) <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Hydraulic Brake Fluid: Sight glass or line on container for proper fluid – fluid within range of markings <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Belts: Check for looseness, cracks, uneven wear, or frays</p> <p style="padding-left: 100px;">Power Steering Belt <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Water Pump Belt <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Alternator Belt <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Air Compressor Belt <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Leaks: Under engine for coolant, power steering, transmission, & oil leaks <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Fuel Level : Fuel tank at ½ fuel or more <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Fuel Cap: Secured properly <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p>	<p>Gearshift: Check for ranges <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Horn: Proper function <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Steering Play: Excessive movement <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Two-Way Radio: Radio check with Dispatch <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Parking Brake: Set brake, put in gear; feel vehicle tug against brake <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Hydraulic Brake: Check for fading <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Oil Pressure Gauge: Check for cracks and cleanliness; Pressure should come to normal within seconds <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Heater/Defroster: Proper function <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Air Conditioning: Proper Function <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Wipers: Secure; No damage; Operational <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Accelerator: Not damaged, loose, or sticking <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Voltmeter: Check for cracks and cleanliness; Amps/volts should come to normal within seconds <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Emergency Exits: Check function of all exits inside & out including warning devices <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p>
<p>Suspension: Not leaning to one side <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Lights: Check for function:</p> <p style="padding-left: 100px;">Left/Right Turn Signals <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Headlights (High and Low) <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Clearance Lights <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">4-way Flashers <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Reverse Lights & Beeper <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Brake Lights <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Reflectors <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Destination Sign: Front, Side, & Keypad <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Mirrors/Windshield: Proper adjustment, cleanliness, no cracks, illegal stickers <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>CDL Air Brake, (Check if applicable) <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Air Storage Tank and / or Service Brake <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Low Pressure Light & Buzzer <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Tires and Wheels</p> <p>Front Tire Tread: At or beyond wear bar, uneven wear, correct pressure</p> <p style="padding-left: 100px;"><i>Front Left</i> <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;"><i>Front Right</i> <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Rear Tires Tread: At or beyond wear bar, uneven wear, correct pressure</p> <p style="padding-left: 100px;"><i>Rear Left</i> <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;"><i>Rear Right</i> <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>All Tires: No cuts or bulges <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Rims: No bends, cracks <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Lug Nuts: No missing, loose nuts or rust <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p>	<p>Dash Lighting Indicators/Safety Signals Check for function</p> <p style="padding-left: 100px;">Interior Light <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">High/Low Beam Indicator <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Left/Right Turn Signal Indicator <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">4-way Flasher Indicator <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Engine: When running engine sounds normal <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Safety/Emergency Equipment</p> <p style="padding-left: 100px;">Spare fuses <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Extinguisher charged/mounted <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Three Reflective Triangles <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Accident Kit (Insurance/Registration Cards) <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Seat Belt Cutter <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">First Aid Kit <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Biohazard Spill Kit <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Working flashlight <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Accessibility Lift:</p> <p style="padding-left: 100px;">Lift Doors <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Lower and Raise Lift 1 Full Cycle <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p style="padding-left: 100px;">Front & Rear Guards have proper function <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Wheelchair Securements: All floor securements, lap belts, and shoulder belts in good condition with proper function <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Passenger Stop Request: (if applicable) Proper Function <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Fare Box: Proper Function <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Passenger Entry: Steps and handrails secure; Stairwell lights operational; Door has proper function <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Passenger Seating: Secure with no missing hardware; seat belts are operational and not damaged or frayed <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p> <p>Body Damage: Use diagram to label and describe <input type="checkbox"/> OK <input type="checkbox"/> N/ ATTN</p>

Vehicle Safety Defects Found: _____ No

YES, if yes do not operate vehicle until cleared by the mechanic.

Driver Remarks: (Please provide additional information if needed, note all safety issues)

Driver declaration: My signature below confirms I have performed the vehicle inspection and have accurately reported inspection findings.

Driver Signature: _____

Replacement Driver Inspection: My signature below confirms I have performed a check of:

Vehicle body condition ____ OK ____ N/ATT Tires ____ OK ____ N/ATTN Turn Signals ____ OK ____ N/ATTN
Lights and Flashers ____ OK ____ N/ATTN Brakes ____ OK ____ N/ATTN Steering ____ OK ____ N/ATTN
Horn ____ OK ____ N/ATTN Two Way Radio ____ OK ____ N/ATTN Safety Equipment ____ OK ____ N/ATTN

Beginning Mileage _____ **End Mileage** _____

Replacement Driver Remarks:

Replacement Driver declaration: My signature below confirms I have performed the replacement driver vehicle inspection and have accurately reported inspection findings.

1st Replacement Signature: _____ 3rd Replacement Signature: _____

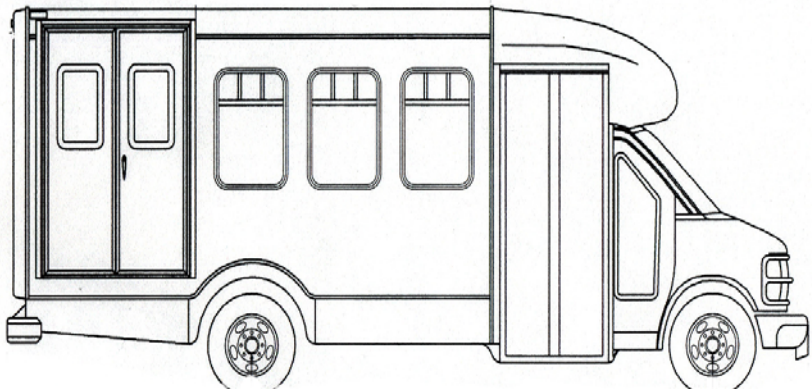
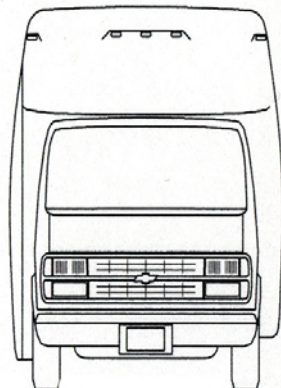
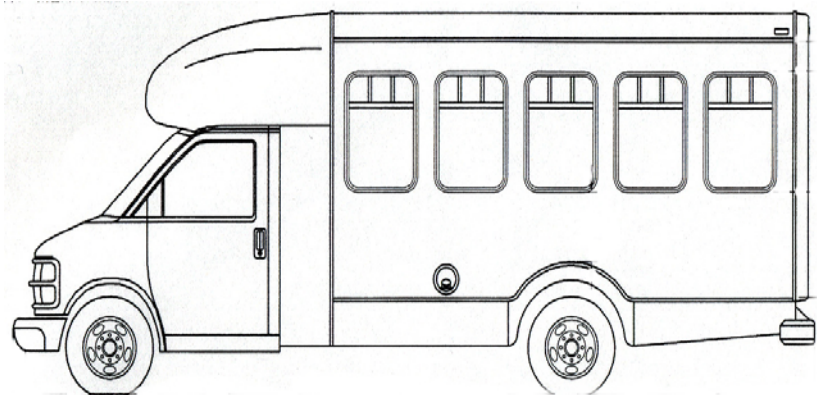
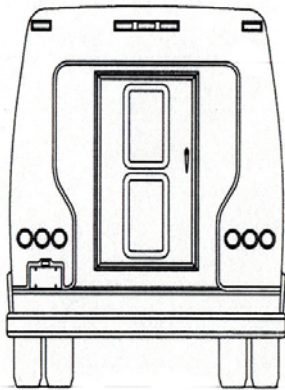
2nd Replacement Signature: _____ 4th Replacement Signature: _____

Mechanic Certification

☐ Above defects corrected by (Mech. Initials) _____ on (Date) _____

☐ Above defects need not be corrected for safe operation of vehicle

Mechanic Signature: _____



LABEL AND DESCRIBE ANY BODY DAMAGE USING THESE PICTURES

