

## Weekly Pre-Trip Fleet Vehicle Inspection Form

**DRIVER MUST INSPECT THE ASSIGNED VEHICLE BEFORE THE VEHICLE IS MOVED.**

**DRIVER: USE THIS CHECK LIST AS A GUIDE FOR INSPECTING THE VEHICLE.**

**CHECK "OK" IF ITEM FUNCTIONS PROPERLY AND "REPAIR" IF REPAIR IS NEEDED.**

DEPARTMENT: \_\_\_\_\_

VEHICLE RECEIVING INSPECTION: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

ODOMETER NUMBER: \_\_\_\_\_ DRIVER NAME: \_\_\_\_\_

Week of \_\_\_\_\_

MONDAY      TUESDAY      WEDNESDAY      THURS      FRI      SAT      SUN

INITIALS:      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

ARE THERE ANY ALERTS THAT ARE LIT UP AND IF SO, LIST BELOW.	OK	REPAIR												
TIRE INFLATION														
WINDOWS CLEAN INSIDE AND OUTSIDE														
WINDSHIELD WIPERS CLEAN AND NOT STUCK TO WINDSHIELD														
SEAT BELT FUNCTIONS CORRECTLY														
EMERGENCY/INCIDENT REPORTING KITS AVAILABLE														
FIRE EXTINGUISHER AVAILABLE														
HEADLIGHTS FUNCTION ON BOTH HI AND LO BEAM														
TURN SIGNALS FUNCTION														
ANY FLUID LEAKS DISCOVERED														
HORN SOUNDS														
MIRRORS FUNCTION AND ARE CLEAN														
BRAKES FUNCTION CORRECTLY														
ANY NEW DAMAGE NOTED PRIOR TO USING THIS VEHICLE?														
UPON RETURN OF THE VEHICLE – IS IT GASSED UP?														
UPON RETURN OF THE VEHICLE – IS THE EXTERIOR AND THE INTERIOR CLEAN?														

NOTES: \_\_\_\_\_

**As directed by the Commissioners, this is a mandated checklist that is to be completed on a weekly basis and forwarded to Mary Jo Gehmert.**

I have personally inspected the vehicle above and have found it to be in the condition listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_