

Pre-Trip Inspection Log

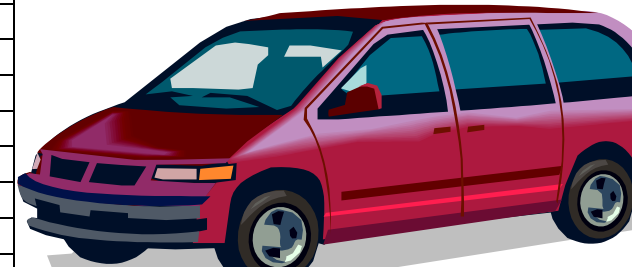
Driver: _____ Vehicle ID: _____ Week of _____ / _____

Mileage Start of week: _____ End of Week: _____

Inspect and list **amounts used** or use "✓" for OK or use a "**P**" for Problem and clarify.*

Mark location of damage with X

	M	Tu	W	T	F		M	Tu	W	T	F
UNDER HOOD						EXTERIOR					
Oil Added						Cleanliness					
Radiator Fluid Added						Doors					
Windshield Washer Added						Mirrors					
Battery Checked						Tires					
Hoses/Belts Checked						Head Lights					
Coolant Leaks Checked						Marker Light					
Notes:						Tail/Brake Lights					
						Turn Signals					
						Windshield Wipers					
SAFETY EQUIPMENT						Body Damage					
Accident Kits						Notes:					
Fire Extinguisher Charge											
Flares/Triangles						INTERIOR					
First Aid Kit						Steering					
Bloodborne Kit						Transmission					
Back-up Alarm						Horn					
Rear Door Buzzer						Mirrors					
Seat Belt Cutter						Gauges					
Notes:						Heater/AC					
						Radio					
WHEELCHAIR LIFT & SECUREMENT						Vehicle Brakes and Parking Brake					
ftchanism						Step Well & Dome Light					
Lift Belts						Emergency Exit					
Safety Plate						Cleanliness					
Manual Pump Arm						Notes:					
Shoulder Lap Belts											
Floor Securement											
Belts											



Drivers Initials _____

Data Entry Initials _____

Repaired Initial/Date _____