

PRE TRIP INSPECTION FORM

VEHICLE # _____ DATE _____

**INSPECT AND CHECK OFF ITEMS AS YOU PERFORM YOUR INSPECTION.
REPORT PROBLEMS WITH VEHICLES CONDITION IN THE NOTES AREA.
PLEASE BE SPECIFIC WHEN REPORTING A PROBLEM**

UNDERHOOD

Oil Level Radiator Level Windshield Washer Level Battery Hoses/Belts
 Coolant Leaks Notes _____

EXTERIOR

Tires Turn Signals Head Lights Tail/Brake Lights Marker Lights
 Windshield/Wipers Body Damage Mirrors Doors Cleanliness
Notes _____

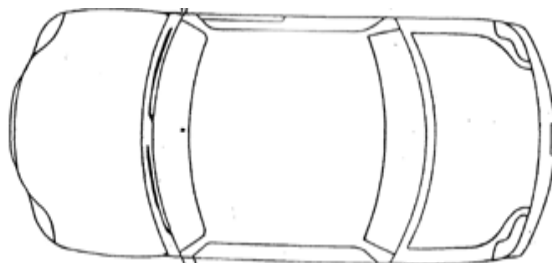
INTERIOR

Brakes & Parking Brake Steering Transmission Mirrors Gauges
(incl. Fuel) Cleanliness Heater/AC Radio Horn Dome lights
Seat Belts
Notes _____

SAFETY EQUIPMENT

Accident Kit Fire Ext. Charged Flares/Triangle First Aid Kit
Notes _____

MILEAGE: START _____
END _____ **TOTAL** _____



PLACE AN X TO INDICATE BODY DAMAGE

Driver Signature – Pre-Trip _____

