

Vehicle Pre-trip- Inspection Form

VEHICLE: _____

DATE: _____

TIME: _____

LICENSE NUMBER _____

MILEAGE _____

THIS IS NOT A 15 PASSENGER VAN

EXTERIOR	OK	NEEDS REPAIR
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TIRES (PRESSURE, TREAD WEAR)

HEADLIGHTS (DIM, BRIGHTH)

BRAKE LIGHTS (REQUIRES ASSISTANCE)

BACKUP LIGHTS (REQUIRES ASSISTANCE)

TURN SIGNALS

EMERGENCY FLASHERS

WINDSHIELD AMD WIPERS

SIDE MIRRORS (CRACKED, MISSING)

WINDOWS

BODY DAMAGE

INTERIOR	OK	NEEDS REPAIR
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ENGINE LIGHTS AND GAUGES

HORN

STEERING (ENGINE RUNNING)

REARVIEW MIRROR

WIPERS/ WASHERS FUNCTION

OTHER: _____

SAFETY EQUIPMENT	OK	NEEDS REPAIR
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FIRST AID KIT

WEB CUTTER (FOR CUTTING SEATBELTS)

SEAT BELTS (IN PLACE AND FUNCTION)

VEHICLE IS SAFE TO OPERATE

Driver Signature: _____

Date: _____