

Sample Pre-Trip Inspection

Driver:						Today's Date:					
Vehicle ID No:						License Plate No:					
Expiration Date:						Odometer Reading:					
<i>X – Satisfactory</i>						<i>O – Requires Attention</i>					
DATES											
VEHICLE INSPECTION:											
PRE-START UP	am	pm	am	pm	am	pm	am	pm	am	pm	Comments
Check Oil											
Radiator, Washer Fluid											
Battery Fluids, Connections											
INTERIOR (Start Engine)											
Fuel Level											
Alternator Function											
Heat/ Defrost/ AC											
Interior Lights											
Upholstery, Loose Object											
Child Car Seats/Booster											
Seatbelts/ Straps/ Cutter											
First Aid Kit/Body Fluids Kit											
Fire Extinguisher											
Emergency Exits/Doors											
Registration/ Insurance											
Radio/Cell Phone											
Horn											
Brakes (Travel, Feel)											
Steering Wheel (Play)											
WINDOWS/MIRRORS											
Cleared of Ice/Snow											
Foot Brake/ Parking Brake											
Wipers/Washers											
Mirrors/ Glass/Scraper											
EXTERIOR											
Head Lights (High/Low)											
Turn Signals (Front/Rear)											
Emergency Flashers											
Tires (Wear, PSI w/gauge)											
Tail Lights/Back-Up Lights											
Exhaust (Sound, Emissions)											
TRUNK/STORAGE AREA											
Spare Tire (Pressure)											
Emergency (Chains, Flares, Flashlight, Blankets)											
UNDER VEHICLE											
Obvious Leaks											
Loose/Hanging Objects											
OPERATION											
Lift											
Transmission											
Engine/Idle Speed											
DRIVER'S INITIALS											