

# Fleet Vehicle Pre-Departure Inspection Sheet

## Vehicle & Driver Information

Driver Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Vehicle ID / Plate: \_\_\_\_\_ Odometer: \_\_\_\_\_  
Destination: \_\_\_\_\_

## Inspection Checklist

| Item   | OK | Needs Attention | N/A |
|--|----|-----------------|-----|
| Brakes   |    |                 |     |
| Lights (Head, Tail, Brake, Signal)                 |    |                 |     |
| Tires (Condition, Pressure)                        |    |                 |     |
| Windshield/Wipers                                  |    |                 |     |
| Mirrors  |    |                 |     |
| Fluids (Oil, Coolant, etc.)                        |    |                 |     |
| Horn   |    |                 |     |
| Seat Belts   |    |                 |     |
| Emergency Equipment (Spare, Jack, First Aid, etc.) |    |                 |     |
| Body/Exterior Damage                               |    |                 |     |
| Other  |    |                 |     |

## Remarks

Driver Signature

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Supervisor Verification

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