

Passenger Vehicle Pre-Trip Assessment Form

Vehicle & Driver Information

Date:

Driver Name:

Vehicle Make/Model:

License Plate:

Odometer Reading:

Checklist

Item	OK	N/A	Remarks
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lights (Head/Tail/Brake/Signal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires & Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Windshield & Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fluid Levels (Oil, Coolant, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments

Enter any issues or observations...

Driver Signature:

Date: