

Pre-Trip Vehicle Inspection Checklist

Date: _____
Driver Name: _____
Vehicle No.: _____
Odometer Reading: _____

Inspection Items

Item	Condition (✓/✗)	Remarks
Brakes		
Tires & Wheels		
Lights (Headlights/Signals/Tail lights)		
Horn		
Windshield/Windows/Wipers		
Mirrors		
Engine Oil Level		
Coolant Level		
Battery		
Belts & Hoses		
Leaks (Oil, Fuel, Coolant)		
Steering		
Emergency Equipment (First Aid, Fire Extinguisher, etc.)		
Other		

Remarks/Issues Noted:

Driver Signature:

Supervisor Signature: