

Blank Pre-Trip Vehicle Inspection Checklist

Driver Name: _____

Date: _____

Vehicle Number/ID: _____

License Plate: _____

Checklist

Inspection Item	OK	Needs Attention	Comments
Engine Oil Level			
Coolant Level			
Brake Fluid			
Tires (Pressure & Condition)			
Lights (Head, Tail, Turn, Brake)			
Windshield & Mirrors			
Horn			
Windshield Wipers & Washer			
Steering			
Brakes (Foot & Parking)			
Emergency Equipment (Triangle, Fire Extinguisher, etc.)			
Seat Belts			
Other (Specify)			

Additional Comments

Driver Signature:

Inspector Signature: