

Weekly Pre-Trip Fleet Vehicle Inspection Form

DRIVER MUST INSPECT THE ASSIGNED VEHICLE BEFORE THE VEHICLE IS MOVED.

DRIVER: USE THIS CHECK LIST AS A GUIDE FOR INSPECTING THE VEHICLE.

CHECK "OK" IF ITEM FUNCTIONS PROPERLY AND "REPAIR" IF REPAIR IS NEEDED.

DEPARTMENT: _____

VEHICLE RECEIVING INSPECTION: _____ LICENSE NO. _____

ODOMETER NUMBER: _____ DRIVER NAME: _____

Week of _____

INITIALS: _____

MONDAY TUESDAY WEDNESDAY THURS FRI SAT SUN

	OK	REPAIR										
ARE THERE ANY ALERTS THAT ARE LIT UP AND IF SO, LIST BELOW.												
TIRE INFLATION												
WINDOWS CLEAN INSIDE AND OUTSIDE												
WINDSHIELD WIPERS CLEAN AND NOT STUCK TO WINDSHIELD												
SEAT BELT FUNCTIONS CORRECTLY												
EMERGENCY/INCIDENT REPORTING KITS AVAILABLE												
FIRE EXTINGUISHER AVAILABLE												
HEADLIGHTS FUNCTION ON BOTH HI AND LO BEAM												
TURN SIGNALS FUNCTION												
ANY FLUID LEAKS DISCOVERED												
HORN SOUNDS												
MIRRORS FUNCTION AND ARE CLEAN												
BRAKES FUNCTION CORRECTLY												
ANY NEW DAMAGE NOTED PRIOR TO USING THIS VEHICLE?												
UPON RETURN OF THE VEHICLE - IS IT GASSED UP?												
UPON RETURN OF THE VEHICLE - IS THE EXTERIOR AND THE INTERIOR CLEAN?												

NOTES: _____

As directed by the Commissioners, this is a mandated checklist that is to be completed on a weekly basis and forwarded to Mary Jo Gehmert.

I have personally inspected the vehicle above and have found it to be in the condition listed above.

Signature: _____ Date: _____