

Vehicle Pre-Trip Inspection Checklist

Vehicle# _____

Date: _____

Driver 1: _____

Driver 2: _____

Beginning Mileage: _____

Beginning Mileage: _____

Ending Mileage: _____

Ending Mileage: _____

Total Miles: _____

Total Miles: _____

Inspection Start Time: _____

Inspection Start Time: _____

End Time: _____

End Time: _____

Added (A)	Checked (X)	Repair Needed (R)		Report all repairs needed below in comment area		
Items to Check Daily		Driver 1	Driver 2	Items to Check Daily	Driver 1	Driver 2
Oil Level				Gauges: Fuel/Oil/Volt/Temp.		
Transmission Level				Brake Pedal/Emergency Brake		
Coolant Level				Registration/Insurance Information		
Power Steering Level				A/C/Defroster/Heater- Front and Rear		
Brake Fluid				Passenger Entrance Door/Light		
Belts/Hoses/Wires/Batteries				Interior Lights		
Water/Fluid Leaks				Horn/Radio/PA & Passenger Signaling		
Windshield/Wipers/Washer Fluid				Seats/Seat Belts/Hand Rails		
Headlights- Hi-Low/Daytime Running				Interior Clean		
Directional Lights				Modesty Panels/Stanchions		
Emergency Flashers				Wheelchair Lift/ Interlock System		
Brake/Back Up Lights				Securement System		
Clearance Lights				Fire Extinguisher/Reflectors		
Back Up Alarm				First Aid/ Bloodborne Kits		
Mirrors/Windows/Doors/Locks				Farebox		
Tires/Lug Nuts/Tire Pressure				Roof Hatch		
Exterior Decals/ Inspection Sticker				Destination Signs		
Logo/Striping				Interior Decals		
Strobe Light				Windows/Emergency Windows		
Fog Lamps				Leaks		
Clean Exterior				OTHER:		

BODY DAMAGE DESCRIPTION:

OTHER COMMENTS: _____

NOTIFIED SUPERVISOR OF ANY REPAIRS NEEDED: ____ YES ____ NO

Driver 1 signature: _____ Driver 2 signature: _____

*I certify that the above repairs and or services were performed and complete on the above vehicle in accordance with the manufacturer's repair guidelines. **Mechanic Signature:** _____*