

Vehicle Use Pre-Trip Inspection Form

Employee Name: _____

Date: _____

Departure Time: _____ a.m./p.m.(circle)

Department: _____

Odometer Reading: _____

Vehicle Number: _____

Vehicle Inspection:

Item	Condition			
	OK	Not OK		
1. Obvious fluid leaks under vehicle				
2. Headlights				
3. Turn Signals				
4. Tail Lights				
5. Brake Lights				
6. Gauges				
7. Horn				
8. First Aid Kit				
9. Seatbelts (one for each passenger, frayed, cut)				
10. Tires (inflation/wear/cuts/other)				
11. Spare Tire				
12. Accident Packet & Transportation Handbook in glove box				
13. Interior Cleanliness				
14. Fuel (circle one)			Full	$\frac{3}{4}$
15. Fire Extinguisher on board (check gauge-needle must be in green area/zone)			$\frac{1}{2}$	$\frac{1}{4}$
16. Mirrors			$< \frac{1}{4}$	
17. Exterior (dents/scratches, etc.)				

Explanation of Items checked "Not OK":

Item #	Explanation

DRIVER: Please submit a copy of the Pre-Trip Inspection Form to Campus Operations.

Signature: _____