

Vehicle Use Post-Trip Inspection & Report Form

Employee Name: _____

Date: _____

Arrival Time: _____ a.m./p.m.(circle one)

Department: _____

Odometer Reading: _____

Vehicle Number: _____

Vehicle Inspection:

Item	Condition				
	OK	Not OK			
1. Dents/Scratches/etc.					
2. Interior Cleanliness					
3. Fuel (circle one)	Full	$\frac{3}{4}$	$\frac{1}{2}$	$\frac{1}{4}$	$< \frac{1}{4}$
4. Tires					
5. Leaks					
6. Engine/mechanical noises					

Explanation of Items checked "Not OK":

Item #	Explanation

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

CAMPUS: Please submit a copy of the Post-Trip Inspection & Report Form to FM Transportation Dept.

Signature: _____