



TRUCK PRE-TRIP INSPECTION REPORT

(All boxes are to be checked for response, Click to initiate check mark If N/A or discrepancies leave blank and fill in comments)

Employee/Driver: _____	Vehicle #: _____ Serial # _____	Date: ___/___/___ Time: ___:___ am <input type="checkbox"/> pm <input type="checkbox"/>
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Inspection reports to be performed daily. Keep reports in the vehicle, and turn in at end of month with your Monthly Vehicle Log, unless there is a new issue and/or one that requires immediate attention.

Mark **every** Box below. Leave blank If it requires Attention or is less than Ideal. Mark If it meets county standards!

Walk Around Visual Inspection I:

- Check for body damage (see column on right)
- Check tire tread (4/32")
- Check windows
- Check mirrors
- Check under vehicles for fluid leaks/irregularities

Under the Hood Inspection :

- | | |
|---------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Check oil (full, clean) | <input type="checkbox"/> Air filter |
| <input type="checkbox"/> Check transmission fluid | <input type="checkbox"/> Leaks |
| <input type="checkbox"/> Check coolant | <input type="checkbox"/> Windshield wipers |
| <input type="checkbox"/> Check belts | <input type="checkbox"/> Washer Fluid |
| <input type="checkbox"/> Check battery & cables | |

Interior Inspection:

- Check seating (cleanliness, tears, stains)
- Check seatbelts
- Check parking brake
- Check horn (city & highway)
- Check first aid kit is onboard and full (if applicable)
- Check fire extinguisher is onboard and charged (if applicable)
- Rearview Mirror
- Interior Lighting
- Gauges

Start Up Inspection:

- Vehicle starts okay without sounds and/or Hesitation.
- Check airbags (warning light should not be on)
- Check steering wheel & column (not too much play)
- Check lights and turn signals
- Check brakes, lines & brake chamber (no leaks)
- Adjust mirrors

Odometer Reading at Start: _____

Fuel level at Start* ¼ ½ ¾ full tank

*Borrowed vehicles must be returned with a full tank

While operating the vehicle, always be aware of unusual smells, sounds, vibrations, or anything that does not seem right with the vehicle.

Drivers Notes: (auto-adjust characters max 150:

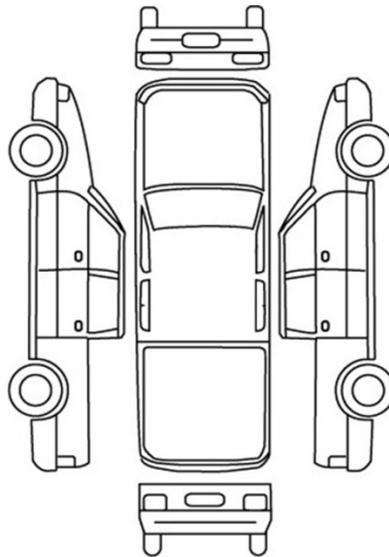
Walk Around Visual Inspection II:

Mark all exterior damage where it is located on the sketch below or using the identifying letter from this key:

Key

- | | |
|----------------------|------------|
| A- Scratch or Scrape | E- Loose |
| B- Broken | F- Flat |
| C- Cracked | G- Missing |
| D- Dented | |

Front of Vehicle



Truck Bed Inspection:

- Truck bed in good condition (no holes or cracks)
- Wheel Chocks
- Light Beacon
- Whip Flag
- License Plate