

Pre/Post Inspection Checklist

do it outdoors media

Unit #: _____ Mileage: Start _____ / End _____ Driver Last Name (PRINT): _____

I have personally inspected this vehicle for a pre trip inspection and a post trip inspection and do hereby certify that this form is complete and accurate to the best of my knowledge.

Signed: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

	Pre Trip Pass	Post Trip Pass	Fail	Pre Trip Pass	Post Trip Pass	Fail	Pre Trip Pass	Post Trip Pass	Fail	Pre Trip Pass	Post Trip Pass	Fail	Pre Trip Pass	Post Trip Pass	Fail	Pre Trip Pass	Post Trip Pass	Fail
--	---------------	----------------	------	---------------	----------------	------	---------------	----------------	------	---------------	----------------	------	---------------	----------------	------	---------------	----------------	------

Walk-Around Inspection:

Observe Under Vehicle for any Leaks or Obstructions																			
Note any Dents, Scratches or Other Damages																			
Check Tire Pressures																			
Check Tire Treads: 4/32" Fronts & 3/32" Rears																			
Check Wheels: Bent, Loose or Missing Lug Nuts																			
Check Mud Flaps: Loose, Missing, Hitting or Dragging																			
Check Lights: High/Low Beams, Turn Signals, Hazard, Tail, Brake, Clearance, Marker, Box, License Plate, Interior Lights																			
Fuel/Water																			
Check Mirrors																			
Check Vinyl System: Frame, Doors, Cable, Bracket																			
Check Tote Box: Clips (160) ,Hammer, Screw Driver																			
Check Box Floor (Wood rotting?), Deck Surface (Rust?)																			

Open Hood: Not Running

Check/Fill Oil: Proper Oil Level																			
Check Coolant Overflow Container Level																			
Check Brake and Steering Fluid Levels																			
Check Washer Fluid Level																			
Check Drive Belts: Fraying and Cracks																			
Check Exhaust: Holes and Cracks																			

Start Engine:

Check Transmission Fluid Level																			
Check Gauges: All Working																			
Check Windshield: Cracks and Chips																			
Check Horn: Does it work?																			
Check Defroster: Heater/Air Conditioner																			
Check Steering: Does it Have More Than 2" of Play?																			
Check Emergency Brake: Does it Stop Vehicle on Free Roll?																			
Check Back Up Alarm: Can You Hear it with Vehicle in reverse?																			
Check Fire Extinguisher: Expiration Date, Charged, Secured																			
Check First-Aid Kit/Spare Fuses																			
Check 3 Reflectors: 3 in a Box																			
Check Seat Belts: Functioning?																			

Check Current Insurance Card (Expiration Date). Expiration Date: _____
 Check Registration (Expiration Date). Expiration Date: _____
 Safety Inspection Sticker (Expiration Date). Expiration Date: _____

What is the Height of Your Unit? **Circle One:** 14'2" 13'2" 12'2" 13'6" What Type of Fuel Does the Unit Take? **Circle One:** Diesel Unleaded E8

For any items that fail inspection, contact your Fleet Manager Immediately. Your Fleet Manager will decide action to be taken.
This form is to be filled out every day and mailed to your home office every week along with your DOT log sheets and Expense Forms/Receipts.