

# Trip Inspection

Driver \_\_\_\_\_

Date \_\_\_\_\_

Vehicle (Circle One) 1 2 3 4 5 6

License Plate \_\_\_\_\_

## Pre/Post-Trip Inspection

**Interior**

Lights/Turn Signal  
Horn/Radio  
Windshield Washer Spray/  
Blades/Operation  
Gas Card Present  
Seatbelts  
Gauges

**Exterior**

Leaks Underneath  
Mirrors  
Body Rear End/Front End/  
Left (Driver)/Right (Passenger)  
Windshield Cracks/Chips  
Hanging Items

**Tires**

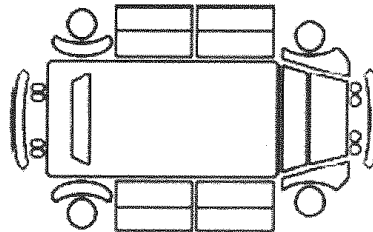
Left Front (Driver): Tread/Condition  
Right Front (Passenger): Tread/Condition  
Left Rear (Driver): Tread/Condition  
Right Rear (Passenger): Tread/Condition

**Pre-Trip** \_\_\_\_\_  
**Post-Trip** \_\_\_\_\_

**Pre-Trip** \_\_\_\_\_  
**Post-Trip** \_\_\_\_\_

**Pre-Trip** \_\_\_\_\_  
**Post-Trip** \_\_\_\_\_ (Initials)

I have inspected the vehicle for body damage, obvious mechanical defects and safety problems and have noted them.



(Indicate Damaged Area)

Checked and Approved \_\_\_\_\_

Requires Attention \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Trip Information

### Beginning

### Ending

Departure/ Return Time \_\_\_\_\_

\_\_\_\_\_

Mileage: \_\_\_\_\_

\_\_\_\_\_

Fuel: (Circle One) : Empty 1/4 1/2 3/4 Full

Empty 1/4 1/2 3/4 Full