

Pre-Trip Inspection Log

Date: ____/____/____ Odometer Reading: _____
 Plate #: _____ Driver: _____
 Model: _____ Year: _____

Inspection Item	OK	Needs Attention
<u>Fluid Levels:</u>		
Power Steering:		
Motor Oil:		
Leaks:		
Brakes:		
<u>Lights:</u>		
High/Low Beam:		
Brake/Tail/Signal		
<u>Tires:</u>		
Tread Wear:		
Air Pressure:		
Jack/ Spare:		
<u>Interior:</u>		
First Aid Kit:		
Cleanliness:		
Seat Belts:		
<u>Exterior:</u>		
Damage:		
Rack:		
<u>Windshield:</u>		
Cracks:		
Wipers:		
Washer Fluid:		
<u>Other:</u>		

Driver Signature: _____ Time: _____ am/pm
 Supervisor Signature: _____ Date: ____/____/____ Time: _____ am/pm

Note:
 A Pre-Trip Inspection {PTI} must be performed on every company vehicle at the beginning of each day.
 Return completed form to your supervisor and advise of any problems.