

# Vehicle Pre-Trip Inspection



## General Information

Date \_\_\_\_\_

Department \_\_\_\_\_

Employee Name \_\_\_\_\_

Vehicle Number \_\_\_\_\_

## Milage

Milage End \_\_\_\_\_

Engine Hours End \_\_\_\_\_

Start \_\_\_\_\_

Start \_\_\_\_\_

Total \_\_\_\_\_

Total \_\_\_\_\_

## Defects

Note if any of the following needs work (indicate with an X).

Brakes

Tires

Turn Signals

Defroster / Heater / AC

Flashers

Head Lights

Wipers

Other \_\_\_\_\_

Horn

Comments:

