

Pre-Trip Vehicle Inspection Checklist

No. _____

VEHICLE & DRIVER

Driver name _____ Vehicle / plate number _____

Date & time _____ Odometer reading _____

INSPECTION

Item	Pass	Fail	N/A
Tires and wheels	☐	☐	☐
Lights and signals	☐	☐	☐
Brakes	☐	☐	☐
Mirrors and windshield	☐	☐	☐
Wipers	☐	☐	☐
Horn	☐	☐	☐
Fluid levels (oil, coolant, washer)	☐	☐	☐
Leaks under the vehicle	☐	☐	☐
Seat belts	☐	☐	☐
Fire extinguisher	☐	☐	☐
First-aid kit	☐	☐	☐

RESULT

Defects found / notes (attach photos)

Safe to drive?

☐ Yes ☐ No

Driver signature

Date
