Vehicle Pre-Trip Inspection

General Information

Date ____________________
Department __________________________________________
Employee Name _____________________________
Vehicle Number _____________________________

Mileage

Mileage Start ____________  Engine Hours Start ____________
End ________________  End ________________
Total ________________  Total ________________

Defects

Note if any of the following needs Work (indicate defect with an "X")

☐ Brakes
☐ Turn Signals
☐ Flashers
☐ Wipers
☐ Horn

☐ Tires
☐ Defroster/Heater/AC
☐ Head Lights
☐ Other _________________________

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PICK UP
Vehicle Body Damage Inspection Sign Sheet:

Vehicle ID #_________ License Plate No. ________________

*Check vehicle for body damages prior to operation and after usage. (Report Damages Immediately)

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<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Any Vehicle Body Damages</th>
<th>Date:</th>
<th>Time in:</th>
<th>Time out:</th>
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Department Supervisor/Designee Signature: ___________________________ Date ________

- Forms must be submitted to the Fleet Supervisor on a weekly basis.

Fleet Supervisor/Designee Signature: ___________________________ Date ________