

Vehicle Safety Check

Vehicle Maintenance Inspection Checklist

Date: _____ License#: _____ Mileage: _____

Vehicle Make, Model, Pool Car # _____ Pre Trip c Post Trip c

	M	Tu	W	Th	F	Sa	
ITEM	OK	OK	OK	OK	OK	OK	PROBLEM
Head lamps							
Stop lamps							
Tail lamps							
Turn signals							
Mirrors							
Gauges/Speedometer							
Tires/Wheels							
Exhaust							
Wipers & Fluids							
Air / Defroster/ Heater							
Brakes							
Fluid Levels							
Emergency Equipment							
Horn							
Seatbelt							
Body / Interior							
Unusual Noises							

If no problems noted, then submit form at end of week. Any problems, then submit form immediately and start a new page. Management sign-off required for maintenance issues.

Any new body damage? If yes, describe: _____

Comments: _____

Driver Name: _____ Signature: _____ Date: _____

Manager's Name: _____ Signature: _____ Date: _____