



DRIVER VEHICLE INSPECTION FORM

Pre-Trip and Post-Trip Vehicle Safety Checklist

Date: _____

Driver Name: _____

Vehicle #: _____

Odometer Reading: _____

Pre-Trip Inspection

Mark each item OK, N/A, or describe a defect in the Notes column.

Item	OK	Defect Noted
Tires (tread, pressure, visible damage)		
Lights (headlights, brake lights, turn signals, hazards)		
Brakes		
Mirrors		
Seatbelts / Harnesses (all rows)		
Child Safety Seats Properly Secured		
Wheelchair Lift / Ramp & Securement (if equipped)		
Windshield / Wipers		
Horn		
Fuel Level		
Fluid Levels (oil, coolant, washer fluid)		
First Aid Kit Present & Stocked		
Fire Extinguisher Present & Charged		
Heating / Air Conditioning		
Child Safety Door Locks		
Interior Cleanliness		
Emergency Contact Info & Permits Posted		



Post-Trip Inspection

Item	OK	Defect Noted
Vehicle Secured / Locked		
No Personal Items Left Behind by Clients		
Trash Removed / Interior Tidied		
New Damage Noted Since Pre-Trip		
Fuel Level Recorded		

Defects Found

Description of defect(s): _____

- Vehicle is safe to operate
- Vehicle is NOT safe to operate — removed from service and mechanic notified

Mechanic/Supervisor Notified (Name): _____

Time Notified: _____

Driver Signature

Date

Date

Date