

VEHICLE PRE-TRIP INSPECTION FORM*

TIME:

DATE:

MILEAGE:

VEHICLE:

LICENSE NUMBER:

ОК	NEEDS REPAIR	UNDER THE HOOD		ОК	NEEDS REPAIR	EXTERIOR
		Oil]		Tires (Pressure, Tread wear)
		Oil Added	Quarts]		Headlights (Dim, Bright)
		Brake Fluid]		Fog and Clearance Lights
		Power Steering		1		Brake Lights (requires assistance)
		Engine Coolant]		Backup Lights (requires assistance)
		Transmission Fluid		1		Turn Signals
		Battery (fillable types)				Emergency Flashers
		Windshield Washer]		Windshield and Wipers
		Engine Hoses	(wear, leaks)]		Side Mirrors (cracked, missing))
		Belts (wear, cracks. loose)		1		Windows
		Other:		-		Body Damage

ОК	NEEDS REPAIR	INTERIOR	ОК	NEEDS REPAIR	SAFETY EQUIPMENT
		Engine Lights and Gauges		•	Fire Extinguisher
		Horn			Triangles
		Steering (engine running)			First Aid Kit
		Rearview Mirror			Web Cutter (for cutting seatbelts)
		Wipers/washers Function			Seat Belts (in place and function)
		Other:			Bio-hazard Kit

YES NO VEHICLE IS SAFE TO OPERATE

⊳ NOTES

> DRIVER SIGNATURE:

DATE (MM/DD/YYYY):

*Buses and commercial vehicles require additional inspection points (air brake pressure, backup audible alarm, etc.)

Need to file a claim? | 12501 0ld Columbia Pike - Silver Spring, MD 20904 Telephone: 1-888.951.4276 | Fax: 301.453-7060 Email: claims@adventistrisk.org