

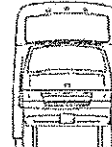
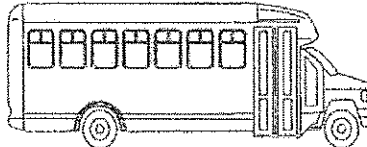
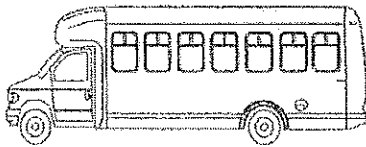


Daily Vehicle Inspection Report

Vehicle #	Date	Operator Name	Start Time	End Time	Beginning Odom	Ending Odom
		1				
		2				
		3				

1	2	3	Inspection Item	1	2	3	Inspection Item
Tires and Wheels				Vehicle Interior			
			TIRE CONDITION, TREAD DEPTH, AIR PRESSURE				WINDSHIELD WIPERS OPERATIONAL
			RIMS/LUG NUTS				HORN OPERATIONAL
Engine Compartment				Passenger Door Operational			
			ENGINE OIL				Vehicle clean
			AUTOMATIC TRANSMISSION FLUID				Passenger seats/belts
			COOLING SYSTEM LEVEL				Valid registration/proof of insurance
			BRAKE FLUID LEVEL				2-way radio - RADIO CHECK
			Power steering fluid	Brakes			
			Windshield washer solution				BREAK PEDAL STOPPING PROPERLY
			Battery terminals clean				PARKING BREAK OPERATING PROPERLY
			Fluid leaks	Steering System			
Vehicle Glass							STEERING MECHANISM
			MIRRORS ARE IN GOOD CONDITION				Gear shift working properly
			Windshield has no chips or cracks	Safety Items			
			Windows are in good condition				FIRE EXTINGUISHER FULLY CHARGED
			Emergency windows operable				Emergency triangles
Vehicle Lighting							Accident packet
			HEADLIGHTS OPERATIONAL - HIGH AND LOW BEAM				Bloodborne Pathogen Kit
			BRAKE LIGHTS OPERATIONAL				Seatbelt cutter
			TURN SIGNALS OPERATIONAL	Wheelchair Lift			
			4-WAY FLASHERS OPERATIONAL				LIFT INTERLOCK OPERATING PROPERLY
			All clearance lights and reflectors				Lift free from leakage
			Backup lights/alarm operational				Lift operating properly
Vehicle Interior Environment							# of Lab Belts _____
			Front and rear A/C				# of Tie Downs _____
			Front and rear heater				

Please explain in detail any problems you are having with the vehicle and when the problem occurs.



Any items in **BOLD** marked unsatisfactory must be brought to the attention of the Supervisor immediately. The bold typeface indicates items that place a vehicle out of service. I declare that I have properly performed a vehicle inspection on the vehicle indicated above and have inspected and marked the inspection items listed above, accordingly.

Operator's Signature Pre-Trip Inspection: _____

There have been no incidents or accidents with this vehicle since the aboved signed inspection.

Operator's Signature Mid-Trip Inspection: _____

Operator's Signature Post-Trip Inspection: _____

Above Identified Defects Corrected

Above Defects Need Not Be Corrected for Safe Operation

Reviewing Mechanic's Signature: _____