Pre-Trip Vehicle Inspection Form

<table>
<thead>
<tr>
<th>Vehicle No.</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Other</th>
</tr>
</thead>
</table>

**Visual Check of Vehicle Interior and Exterior for Suspicious Items.**

1. Water Level
2. Oil Level
3. Belts & Hoses
4. Fluid Leaks
5. Floor Clean
6. Seats & Windows
7. Emergency Equipment

**Under the Hood**

- Water Level
- Oil Level
- Belts & Hoses
- Fluid Leaks

**Inside Vehicle**

- Floor Clean
- Seats & Windows
- Emergency Equipment

**Start Engine**

- Oil Pressure
- Air/Vacuum Pressure
- Fuel Level
- Heaters & Defrosters
- Wipers & Washer
- Service Door
- Low & High Beam Indicator
- Left Signal Indicator
- Amber Warning Lights
- Emergency Exit & Buzzer

**Outside Vehicle**

- Rear Clear Lights
- Amber Warning Lights
- Left Turn Signal, Rear
- Brake & Taillights
- I.D. Lights
- Exhaust System
- Tires & Wheels, Rear

**Move to Front**

- Headlights, High Beam
- Clear Lights
- Amber Warning Lights
- Left Turn Signal, Front
- Front Tires & Wheels
- Crossover Mirror
- Both Rear View Mirrors

**Re-Enter Vehicle**

- Low Beam Indicator
- Right Signal Indicator
- Red Warning Lights

**Outside Vehicle**

- Right Turn Signal, Front
- Red Warning Lights

**Move to Front**

- Right Turn Signal
- Red Warning Lights

**Re-Enter Vehicle**

- Service Brakes
- Parking Brake

**Odometer**

<table>
<thead>
<tr>
<th>Regular Route</th>
<th>Mon.</th>
<th>Tues.</th>
<th>Wed.</th>
<th>Thurs.</th>
<th>Fri.</th>
<th>Activity Trips</th>
<th>Before</th>
<th>Am</th>
<th>After</th>
<th>Pm</th>
</tr>
</thead>
</table>

Signature: ____________________________