Vehicle Driver's Safety Check

Date Odometer Reading Unit No.

☐ Pre-Trip Inspection ☐ Post-Trip Inspection

Only Items Checked Require Attention

- ☐ Gauges - Ammeter, Oil Pressure, Fuel, Water Temperatures, Air Pressure or Vacuum
- ☐ Windshield Wipers
- ☐ Windshield & Windows
- ☐ Heater & Defroster
- ☐ Mirrors
- ☐ Brakes (Foot & Parking)
- ☐ Engine Noises
- ☐ Horn & Sirens
- ☐ Steering
- ☐ Vehicle Body
- ☐ Wheels, Tires, Lugs
- ☐ Fuel Tank and Cap
- ☐ Leaks — Water, Fuel, Oil
- ☐ Head Lights
- ☐ Tail Lights
- ☐ Stop Lights
- ☐ Turn Signals and 4-Way Flasher
- ☐ Reflectors
- ☐ Emergency Equipment

Other - If Applicable

- ☐ Clearance Lights
- ☐ Emergency Warning Lights
- ☐ Side Marker Lights
- ☐ Brake Hoses
- ☐ Compartment Door Locks
- ☐ Drain Air Tanks of Moisture
- ☐ Air Systems
- ☐ Mounted Equipment

Remarks (explain unsatisfactory items noted above)

Signature of Driver _____

To be Completed by Repair Shop

Mechanic's Report (If defects are noted)

Signature of Repair Shop
Foreman or Mechanic _____ Date _____

(Use back of form for additional remarks.)

Vehicle Driver's Safety Check

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Remarks (explain unsatisfactory items noted above)

Signature of Driver _____

To be Completed by Repair Shop

Mechanic's Report (If defects are noted)

Signature of Repair Shop
Foreman or Mechanic _____ Date _____

(Use back of form for additional remarks.)

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