

Vehicle Inspection Form: Daily

For the Week of: _____

Vehicle Number:	Odometer Reading: (Recorded on Monday)					
	Please use the LEGEND below to complete this form: Y = Yes N= No N/A = For Contracted Vehicles					
Items for School Pick Up/ Trip:	M	T	W	TH	F	S
Cell phone or two way radios						
Children's Emergency Information						
Children's Pick Up Lists (if applicable)						
Gas Card (if applicable)						
Statement of Insurance						
Outside Walk Around Inspection	M	T	W	TH	F	S
Tires (check for proper inflation and wear)						
Mirrors Adjusted Properly						
Exterior Lights (turn signals, brake lights, headlights, hazard lights)						
Outside Body of Vehicle (check for damage)						
Doors (check to ensure all open and close)						
Before Starting Engine:	M	T	W	TH	F	S
Seats/ Seatbelts (ripped, frayed, broken)						
Complete First Aid Kit (checklist in the kit)						
Emergency Equipment (flares, reflective triangles, cones, etc.)						
Emergency Procedures in Vehicle						
Vehicle Log Book (if applicable)						
Fire Extinguisher Charged						
After Starting Engine	M	T	W	TH	F	S
Interior Lights- Exit Signs						
Gas Levels						
Heating and Air Conditioning						
Horn Works						
Windshield Wipers (work, blades not worn, fluid full)						
Trip Destination	M	T	W	TH	F	S
Vehicle is Clean and Free of Trash						
Complete Walk Through Vehicle Before Securing						
Driver's Initials Every Day:						
Explanation of problems noted during pre-inspection and/or travel: (Please report problems to supervisor)						