

Vehicle Driver's Safety Check

Da	te Odometer Read	ing	Unit No.			
	Pre-Trip Inspection		Post-Trip Inspection			
Only Items Checked Require Attention						
Rem	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 arks (explain unsatisfactory items noted above)		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			
Signature of Driver						
To be Completed by Repair Shop						
Med	hanic's Report (If defects are noted)					
	nature of Repair Shop		Doto			
Foreman or Mechanic(Use I		Date back of form for additional remarks.)				
		(555	baok of form for additional formation,			



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To be Completed by	er Repair Shop t (If defects are noted)					
Signature of Repa Foreman or Mech			Date			

(Use back of form for additional remarks.)