



Pre-trip Inspection Form

Vehicle ID: _____
 Date: _____
 Time: _____

Starting _____ Ending _____
 Odometer _____
 Hour Meter _____

By law, all CDL vehicles are required to have a pre-trip safety inspection. An effective inspection exposes safety concerns and potential maintenance issues. Repairs can be addressed before they become costly, major repairs. Supervisor and Service Garage should be notified immediately of any safety concerns.

Inspection

Pass Fail N/A
 (check one)

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check brake lights |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Flashers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Turn Signals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Head Lights |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check all mirrors |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check windshield condition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check for wheel chocks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Steering wheel looseness, damage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiper blades and washer operation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Horn operation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heater / Defroster operation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parking brake operation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Seat Belt operation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check all external lights and reflectors |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check tire rims for damage Check all hoses for leaks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check tires |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check cargo area for loose material |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check lift gate (up/down, stow completely) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check Coupling System (5th wheel, hitch) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check windshield fluid |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check all belts for tightness and wear |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check oil level |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check coolant |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check power steering fluid |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify fire extinguisher on truck |

Pass Fail N/A
 (check one)

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify three red reflective triangles |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check steering linkage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check suspension (leaf and coil springs) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check u-bolts and hangers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check frame for cracks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check brake chambers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check brake drums |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Air brake check |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check oil pressure gage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check lug nuts for tightness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check axle seals for leaks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check for debris between dual tires |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check battery box and connections |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check all hoses for leaks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check to ensure compartment doors secure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check battery box and connections |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check cargo area for loose material |

Safety Concerns/Issues: _____

Remarks/Comments: _____

*Seat belt use is required

*Cell phone use is prohibited while operating vehicles

*Use of wheel chocks required

Inspection paperwork should remain in the vehicle until end of shift when it is delivered to the supervisor for forwarding to the Service Garage

Operator Signature: _____

Supervisor Signature: _____