



Pre-Trip Inspection Form

Facility/Program: _____
Vehicle Plate#: _____
Vehicle Description: _____

To be submitted weekly to Vehicle Manager

Data collected per Commercial Fleet Safety and Regulatory Records Management Policy

Day	Month	Year	Odometer Reading	Fuel Level	Engine Oil Level	Defect Report ("Nil" or List Defects)	Reported to (Last Name)	Driver Signature	Repaired (Y/N)	Date of Repair (D/M/Y)