

Daily Vehicle Condition Report

Instructions for Use: The pre-trip inspection report shall be completed by the driver prior to the vehicle being dispatched for duty each day it is in service. The driver shall sign the report and provide the completed form to the supervisor/dispatcher prior to leaving the base of operations. The completed forms for each vehicle shall be retained in the vehicle file and be available for review during NDOR site visits.

Date:			
Driver: <i>(print first and last name)</i>		Year:	
Vehicle Identification No.:		Mileage:	
Type of Vehicle <i>(Identify)</i> :	<input type="checkbox"/> Bus	<input type="checkbox"/> 12-Passenger Van	<input type="checkbox"/> Minivan <input type="checkbox"/> LF Minivan

OK	Defective	Exterior	Comments
<input type="checkbox"/>	<input type="checkbox"/>	Inspect for leaks under vehicle	
<input type="checkbox"/>	<input type="checkbox"/>	Headlights	
<input type="checkbox"/>	<input type="checkbox"/>	Tail/Brake Lights	
<input type="checkbox"/>	<input type="checkbox"/>	Turn Signals	
<input type="checkbox"/>	<input type="checkbox"/>	Clearance Lights	
<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers and Blades	
<input type="checkbox"/>	<input type="checkbox"/>	Fresh Body Damage	
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System	
<input type="checkbox"/>	<input type="checkbox"/>	Tires/Wheels	
<input type="checkbox"/>	<input type="checkbox"/>	Cleanliness	
Under the Hood			
<input type="checkbox"/>	<input type="checkbox"/>	Oil Level	
<input type="checkbox"/>	<input type="checkbox"/>	Radiator Level	
<input type="checkbox"/>	<input type="checkbox"/>	Windshield Washer Fluid Level	
<input type="checkbox"/>	<input type="checkbox"/>	Engine/Hoses/Belts	
Interior			
<input type="checkbox"/>	<input type="checkbox"/>	Horn	
<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers	
<input type="checkbox"/>	<input type="checkbox"/>	Gauges/Instruments	
<input type="checkbox"/>	<input type="checkbox"/>	Steering	
<input type="checkbox"/>	<input type="checkbox"/>	Passenger Door	
<input type="checkbox"/>	<input type="checkbox"/>	Brakes	
<input type="checkbox"/>	<input type="checkbox"/>	Blower Fans/Heater/Air Conditioning	
<input type="checkbox"/>	<input type="checkbox"/>	Interior Lights	
<input type="checkbox"/>	<input type="checkbox"/>	Rear Vision Mirrors	
<input type="checkbox"/>	<input type="checkbox"/>	Cleanliness	
Safety Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	Triangles	
<input type="checkbox"/>	<input type="checkbox"/>	First-aid Kit	
<input type="checkbox"/>	<input type="checkbox"/>	Blood Borne Pathogen Kit	
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	
<input type="checkbox"/>	<input type="checkbox"/>	Check Backup Alarm	
<input type="checkbox"/>	<input type="checkbox"/>	Web Cutter	
Accessibility Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	Cycle Lift/Deploy Ramp Inspect	
<input type="checkbox"/>	<input type="checkbox"/>	Proper Number of Wheelchair Securement Belts, Clean and in Good Condition	
<input type="checkbox"/>	<input type="checkbox"/>	Proper Number of Lap/Shoulder Belts	
<input type="checkbox"/>	<input type="checkbox"/>	Proper Number of Lab/Shoulder Belts Clean and in Good Condition	

Driver Signature: _____