

6-2-1 Form - Daily Vehicle Pre-Trip Inspection Checklist & Reporting Form

Employee Name: _____ Vehicle Make/ Model: _____

Week of: _____

<i>Note: OK = √ NOT OK = X</i>	MON	TUES	WED	THUR	FRI	SAT	SUN
IN CAB							
- horn							
- rear/side view mirrors							
- seat belts							
- steering							
- brakes / parking brake							
- signal lights, emergency flashers							
- windshield wipers							
- first aid kit / fire extinguisher							
- heaters / defroster							
- check gauges / warning lights							
- insurance / ownership							
- materials / tools secured							
- check windshield for cracks / pits							
- other:							
UNDER HOOD							
- oil level /leaks							
- coolant level / leaks							
- washer fluid level / leaks							
- power steering fluid level / leaks							
- transmission fluid level / leaks							
- belts and hoses							
- other:							
OUTSIDE VEHICLE							
- tires, treads, rims, wheels							
- headlights							
- turn signals / wipers working							
- license plates, lights, reflectors							
- exhaust system							
- physical damage to vehicle							
- snow cleared							
- rear tailgate secured							
- other:							
DRIVER'S NAME (initial)							
INSPECTION TIME							

Problem or Damage details: (UNSAFE CONDITIONS MUST BE REPORTED IMMEDIATELY)

Reported To:	Reported When: (date / time)
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OFFICE USE ONLY Correction of defects required for safe operation? yes no Necessary Repairs complete? yes no

Authorized Administrative Signature & Date

Reviewing Driver Signature & Date