

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

DAILY PRE-TRIP VEHICLE INSPECTION SHEET

Vehicle # _____

Exterior Inspection

Interior Inspection

Month	Year	Driver's Initials	Tires (Inflation & Tread Wear)	Body Damage	Windshield Wipers	Mirrors	Exterior Cleanliness	Gauges and Indicators 1/2 tank of Gas	Heat / Air (working Properly)	Steering	Brakes	Transmission Selector	Interior Cleanliness - No Trash on Floor (Check/Clean Daily)
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Specify any Body Damage: _____