

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

WEEKLY PRE-TRIP VEHICLE INSPECTION / CLEANING SHEET

(Complete each Friday before vehicle is placed into service and report any problems to your supervisor immediately)

Vehicle # _____

Exterior Inspection

Date	Driver's Initials	Headlights	Turn Signals	Back-up Lights	Mirrors	Windshield Wipers	Windows	Tires (Inflation & Tread Wear)	Body Damage	Cleanliness	Wheelchair Lift / Ramp Operation

Interior Inspection

Brakes	Steering	Gauges and Indicators	Transmission Selector	Heat / AC (Proper Working Order)	Cleanliness

Fluid Levels

Date	Driver's Initials	Oil	Brake Fluid	Transmission Fluid	Steering Fluid	Windshield Washer Fluid	Gasoline 1/2 Tank of Gas

Engine Area Inspection

Belts and Hoses (No Cracks or Breaks)

Weekly Vehicle Cleaning Checklist

Windows	Wipe Off Dashboard	Sweep Out Van	Clean/Wipe off Seats	Wash Exterior (Weather Permitting)	Check First Aid Kit (Order Items as Needed)

Specify any Body Damage: _____