

DAILY DRIVER PRE-TRIP INSPECTION

Transit Provider _____ Vehicle Identification: _____

Note: ALL DRIVERS MUST complete this Pre-Trip inspection form for a transit vehicle that is going to provide passenger transportation for the first time in any 24-hour period.

ITEM	OPERATIONAL	DISCREPANCY	N/A	COMMENT
Operational Equipment				
Fare Box Meter Log On				
Windshield Wipers				
Mirrors				
Service Brake/Parking Brake				
Warning Devices/Back-Up Alarm				
Turn Signals				
Hazard/Flasher Signals				
Hand Rails/Stanchions				
Standee Line & Warning				
Doors				
Step Well/Floors				
Wheelchair Ramp/Lift				
Fare Box Meter Logged Off				
Safety & Emergency Equipment				
Emergency Exits/Signs				
Driver Seat Belts				
Fire Extinguisher/Accessibility				
Portable Red Reflectors				
Cleanliness of Vehicle				
Driver Area				
Passenger Seats (clockwise from door)				
Floor				
Side Walls/Ceilings				
Dash				
A/C & Vents				
Exterior				
Glass Area				

Driver: _____ Date: _____