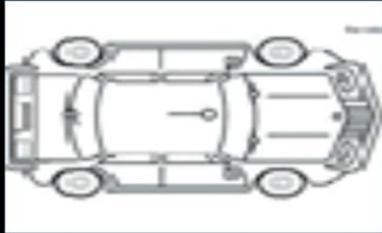
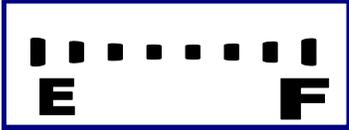


CARE-A-VAN PRE-TRIP INSPECTION FORM
Please complete & turn to Transportation Manager

Employee Name:		Vehicle #		
Date:		Time	PM	
Item	<input checked="" type="checkbox"/>	Body Inspection		
GPS On & Operating (Green Light Ready? (Red Light Before Leaving Location)				
Cell Phone Available				
Tires				
Brakes & Emergency Brake				
Steering (Operations, Excessive Play, Etc.)				
Windshield Wipers				
Defroster & Heater (Operation, A/C If Warm)				
Horn Operation				X=Dent __Scratch O=Missing
Mirrors (Adjustment)				Description of Body Damage
Required Safety Equip..				
Fluids: Water Transmission Fluid				
Oil (Proper level, note excessive fluid loss/overflow)				
Battery (Terminal corrosion, non sealed, fluid)				
Headlamps				
Tail Lights				
Brake Lights		Spare Tire: Yes No		
License Plate Light		Jack & Lug Wrench: Yes No		
Disinfected If Required		Interior Cleanliness		
Vehicle Condition Satisfactory		<input type="checkbox"/> Vacuumed <input type="checkbox"/> Wiped Down		
License Plate Sticker/Registration		<input type="checkbox"/> Litter Free <input type="checkbox"/> Frebreezed		
Fuel Reading	Odometer Reading			
				
	Clean, Properly Stored and Securely Fastened		Condition	
Floor	Y	N	Good Worn	
Entry	Y	N	Good Worn	
Seats	Y	N	Good Worn	
Seatbelts	Y	N	Good Worn	
Interior Lights	Y	N	Good Worn	
W/C & Assistive Equip.. Secured	Y	N	Good Worn	
Hand-Holds	Y	N	Good Worn	
Equipment Notes/Repair Request				