

# Truck and Vehicle Pre-Operation Inspection Form

Date

Time

Operator Name

Vehicle/Truck ID

## Inspection Checklist

Item	Satisfactory	Unsatisfactory	N/A	Comments/Defects
Engine Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coolant Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windshield & Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lights & Indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tires / Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Backup Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Describe any issues/defects found (if any):

Corrective Actions Taken:

Inspector Signature

Date