

First Presbyterian Church of Conroe

Title: Vehicle Inspection Report form (F-170103)

Date: _____

Trip Purpose: _____

Vehicle Plate Number _____

Location (City, State): 2727 N LOOP 336 W., CONROE, TEXAS 77304 Telephone: 936-756-8884

Driver Name _____ Driver Signature _____

Instructions: Drivers will perform necessary inspections. A (√) indicates satisfactory condition. An (X) indicates unsafe or improper conditions. An (O) indicates condition does not apply. Corrected deficiencies should be circled by the Church Transportation Manager.

INSIDE

- Parking brake (apply)
- Apply brake

START ENGINE

- Oil pressure (light or gauge)
- Instrument panel (telltale lights, buzzer, gauges)
- Horn
- Windshield wiper and washer
- Heater-defroster
- Mirrors
- Steering wheel (excess play)
- Turn on all lights including 4-way flasher
- Starts properly

EMERGENCY EQUIPMENT

- Fire extinguishers
- Flags, standards, warning lights
- First-aid kit

FRONT

- Headlights
- Identification lights
- Turn signals and 4-way flasher

OTHER

SIDE

(Left) (Right)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Fuel tank and cap |
| <input type="checkbox"/> | <input type="checkbox"/> | Side marker lights |
| <input type="checkbox"/> | <input type="checkbox"/> | Reflectors |
| <input type="checkbox"/> | <input type="checkbox"/> | Tires and wheels-lugs and serviceability |
| <input type="checkbox"/> | <input type="checkbox"/> | Cargo tie-downs or doors |

REAR

- Tail lights
- Stop light
- Turn signals and 4-way flasher
- Identification lights
- Reflectors
- Rear end protection (bumper)
- Cargo tie-downs/doors

MECHANICAL OPERATION

- Engine knocks, misses, overheats, etc.
- Transmission noisy, hard shifting, jumps out of gear, other: _____
- Steering loose, shimmy, hard, other: _____
- Air, oil, water, leaks
- Springs broken, other: _____
- Brakes noisy, pulls soft, other: _____
- Speedometer, tachometer

Start time: _____ Mileage: _____ End time: _____ Mileage: _____

Remarks/Other Defects:

Defects corrected (initial) _____ Defect correction unnecessary (initial) _____
 Yes No

Certified by: _____ Date _____