



South Caribbean Conference
SAFETY UNIT

South Caribbean Conference VEHICLE PRE-TRIP INSPECTION FORM

VEHICLE: _____ VEHICLE NUMBER: _____ DATE: _____
DD/MM/YY

TIME: _____ AM/PM

DRIVER'S LICENSE NUMBER: _____ MILEAGE: _____ VEHICLE: _____

OK	NEEDS REPAIR	UNDER THE HOOD
<input type="checkbox"/>	<input type="checkbox"/>	Oil
<input type="checkbox"/>	<input type="checkbox"/>	Oil Added
<input type="checkbox"/>	<input type="checkbox"/>	Brake Fluid
<input type="checkbox"/>	<input type="checkbox"/>	Power Steering
<input type="checkbox"/>	<input type="checkbox"/>	Engine Coolant
<input type="checkbox"/>	<input type="checkbox"/>	Transmission Fluid
<input type="checkbox"/>	<input type="checkbox"/>	Battery (fillable types)
<input type="checkbox"/>	<input type="checkbox"/>	Windshield Washer
<input type="checkbox"/>	<input type="checkbox"/>	Engine Hoses (wear, leaks)
<input type="checkbox"/>	<input type="checkbox"/>	Belts (wear, cracks, loose)
<input type="checkbox"/>	<input type="checkbox"/>	Other:

OK	NEEDS REPAIR	EXTERIOR
<input type="checkbox"/>	<input type="checkbox"/>	Tires (Pressure, Tread Wear)
<input type="checkbox"/>	<input type="checkbox"/>	Headlights (Dim, Bright)
<input type="checkbox"/>	<input type="checkbox"/>	Fog and Clearance Lights
<input type="checkbox"/>	<input type="checkbox"/>	Brake Lights (requires assistance)
<input type="checkbox"/>	<input type="checkbox"/>	Backup Lights (requires assistance)
<input type="checkbox"/>	<input type="checkbox"/>	Turn Signals
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Flashers
<input type="checkbox"/>	<input type="checkbox"/>	Windshield and Wipers
<input type="checkbox"/>	<input type="checkbox"/>	Side Mirrors (cracked, missing)
<input type="checkbox"/>	<input type="checkbox"/>	Windows
<input type="checkbox"/>	<input type="checkbox"/>	Body Damage

OK	NEEDS REPAIR	INTERIOR
<input type="checkbox"/>	<input type="checkbox"/>	Engine Lights and Gauges
<input type="checkbox"/>	<input type="checkbox"/>	Horn
<input type="checkbox"/>	<input type="checkbox"/>	Steering (engine running)
<input type="checkbox"/>	<input type="checkbox"/>	Rearview Mirror
<input type="checkbox"/>	<input type="checkbox"/>	Wipers/Washers Function
<input type="checkbox"/>	<input type="checkbox"/>	Other:

OK	NEEDS REPAIR	SAFETY EQUIPMENT
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	<input type="checkbox"/>	Triangles
<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit
<input type="checkbox"/>	<input type="checkbox"/>	Web Cutter (for cutting seat belts)
<input type="checkbox"/>	<input type="checkbox"/>	Seat Belts (in place and function)
<input type="checkbox"/>	<input type="checkbox"/>	Bio-Hazard Kit

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	VEHICLE IS SAFE TO OPERATE

➤ **NOTES**

>DRIVER'S SIGNATURE

*Buses and commercial vehicles require additional inspection points (air brake pressure, backup audible alarm, etc.)



Need to file a claim? | 12501 Old Columbia Pike-Silver Spring, MD 20904
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