

TRU Vehicle Pre-Trip Inspection Checklist

Name of inspector: _____

Signature: _____

Vehicle ID or registration number: _____

Mileage: _____

Date: _____

Pass	Fail	Requires attention	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheels, rims, lug nuts, and tires, including the spare tire
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service brakes, including trailer brake connections and brake adjustment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking brake
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering mechanism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting devices and reflectors, including back up lights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windshield wipers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Securing of material and tools, including any coupling devices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency equipment, including first aid equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glazing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear vision mirrors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights, including back up lights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turn signals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine oil, and coolant levels and fan belts

Notes:

Supervisor Signature: _____ Date: _____