

# DRIVER'S VEHICLE INSPECTION REPORT

Date \_\_\_\_\_

White Van

Red Van

Bus

**Responsible Group** \_\_\_\_\_

**Description of activity for which vehicle was used** \_\_\_\_\_

Ending Mileage \_\_\_\_\_

Driver(s) \_\_\_\_\_

Beginning Mileage \_\_\_\_\_

Total Mileage \_\_\_\_\_

**The following "Safety Inspection" must be completed before using vehicle.**

SAFETY CHECK LIST: (Check any defective item — give details under remarks)

Oil Level

Water level

Window washer works

Lights

Muffler

Head-stop

Brakes

Tail-dash

Tires

Fire extinguisher

Turn indicators

Steering

Seat belts

Mirrors

Windows

Horn

Window wipers

Remarks: (Report all defects in detail)

**Condition of above vehicle is satisfactory**

Driver's signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

*Please turn in completed form to church office*