

MONTHLY VEHICLE INSPECTION REPORT

Please print all information

Route #: _____

Inspected by: _____ Plate #: _____

Contact Telephone #: _____

Current Mileage: _____ Make of Van: _____

Mileage at Last Oil Change & Lube*: _____ Year of Vehicle: _____

*Vehicles are routinely serviced every 5,000 miles. Please notify us when your vehicle is due.

Emissions Expiration Date: _____ **(Driver is responsible for keeping emissions testing current)**

Inspect your van regularly. Rate each item "S" for Satisfactory or "U" for Unsatisfactory. If you discover any defective equipment, immediately notify The Rideshare Company's vanpool operations department at (800) 972-3279, ext 216.

VEHICLE INFORMATION

GENERAL CONDITIONS

	S	U		S	U
1. Condition of Exterior (Body, Fenders, Chrome)	<input type="checkbox"/>	<input type="checkbox"/>	12. Engine Oil Level	<input type="checkbox"/>	<input type="checkbox"/>
2. Windows, including Windshield	<input type="checkbox"/>	<input type="checkbox"/>	13. Transmission Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>
3. Condition of Interior (Seats, Floor, Headliner)	<input type="checkbox"/>	<input type="checkbox"/>	14. Battery (Corrosion-Free)	<input type="checkbox"/>	<input type="checkbox"/>
4. Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	15. *Engine (Smooth or Rough)	<input type="checkbox"/>	<input type="checkbox"/>
5. *Seats and Shoulder Belts	<input type="checkbox"/>	<input type="checkbox"/>	16. Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>
6. Headlights (Upper and Lower Beams)	<input type="checkbox"/>	<input type="checkbox"/>	17. *Brake Operation (Quiet, Noisy, Pulls)	<input type="checkbox"/>	<input type="checkbox"/>
7. Taillights, Stop, and Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	18. *Steering	<input type="checkbox"/>	<input type="checkbox"/>
8. License Plate Light	<input type="checkbox"/>	<input type="checkbox"/>	19. *Transmission (Smooth or Slips)	<input type="checkbox"/>	<input type="checkbox"/>
9. Instrument Lights	<input type="checkbox"/>	<input type="checkbox"/>	20. Does Parking Break Hold Vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
10. *Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	21. *Fluid Leaks Under Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
11. Horn	<input type="checkbox"/>	<input type="checkbox"/>	22. Lift Operation (lift vans only)	<input type="checkbox"/>	<input type="checkbox"/>
			23. Straps / Tie Downs (lift vans only)	<input type="checkbox"/>	<input type="checkbox"/>

***Notify The Rideshare Company immediately if you discover any defective equipment.**

*TIRE CONDITIONS

	S	U		S	U
22. Right Front	<input type="checkbox"/>	<input type="checkbox"/>	25. Left Rear	<input type="checkbox"/>	<input type="checkbox"/>
23. Left Front	<input type="checkbox"/>	<input type="checkbox"/>	26. Spare Tire	<input type="checkbox"/>	<input type="checkbox"/>
24. Rear	<input type="checkbox"/>	<input type="checkbox"/>	27. Tire Jack	<input type="checkbox"/>	<input type="checkbox"/>
			28. Backup Alarm (Lift and new Ford full size vans only)	<input type="checkbox"/>	<input type="checkbox"/>

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INVENTORY

	S	U		S	U
1. Gas Card	<input type="checkbox"/>	<input type="checkbox"/>	4. Accident Report Form	<input type="checkbox"/>	<input type="checkbox"/>
2. Insurance Card	<input type="checkbox"/>	<input type="checkbox"/>	5. Driver Manual	<input type="checkbox"/>	<input type="checkbox"/>
3. Registration	<input type="checkbox"/>	<input type="checkbox"/>	6. Safety Triangles	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGEMENT

I certify that I have personally inspected the above listed items and have not observed any defects that would impair the safe operation of the vehicle. I understand that this form is only a record of my inspection of the vehicle, and is not notification to The Rideshare Company (TRC) of any vehicle defects that I may have discovered. I will call TRC operations department at (800) 972-3279, ext. 216, immediately regarding any maintenance items that need attention.

Signature: _____ Date: _____