



PGNFC Vehicle (Pre/Post) Trip Inspection

Plate Number & Make/ Model	Odometer Out _____	Odometer In _____	Date: Time:
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Mark Defective Items With An X

- | | | | |
|---------------------|-----|--------------------|-----|
| Oil Level | ___ | Windshield Wipers | ___ |
| Leaks | ___ | Tires & Wheels | ___ |
| Coolant Level | ___ | Steering Mechanism | ___ |
| Lights & Reflectors | ___ | First Aid Kit | ___ |
| Doors | ___ | Fire Extinguisher | ___ |
| Mirrors | ___ | Flare Kit | ___ |
| License Plate | ___ | Snow Brush | ___ |

Explain any items that need attention and report to PGNFC Reception (or designate) immediately.

Detected no Defect (s) that may affect the safety & handling of this vehicle

Print Name: _____

*****Fuel Tank Level Post Trip (circle one)***
Quarter....Mid.....Full**

Signature: _____
(Safe to drive)

Vehicle has been disinfected Pre-trip

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