

KDOT PUBLIC TRANSPORTATION
POST-TRIP INSPECTION

Vehicle #: _____

Week of: _____

Mark a ✓ in the box each day the vehicle is in service to verify that no problem has occurred. If a problem occurred with the vehicle, describe it in more detail in the space at the bottom of the page. Report any problem with the vehicle that has occurred during the time the vehicle was in service. If a problem has occurred and is reported on this sheet it must be immediately brought to the attention of a supervisor.

Check Daily		Days of the Week to be checked:						
		Sun	Mon	Tues	Wed	Thur	Fri	Sat
Exterior	Lights (Headlights, Brake Lights, Turning Signals)							
	Windshield, Windows, Mirrors, and Windshield Wipers							
	Tires (Check Inflation and Tread Wear)							
	Body Damage (Use Vehicle Damage Report Form)							
	Lift/Ramp Operation							
	Cleanliness							
Interior	Seats, Seatbelts, and Safety Restraints							
	Emergency Equipment and Medical Kits							
	Climate Control System							
	Communication System							
	Emergency Exits Operable							
	Cleanliness							
Internal	Brake Defects							
	Steering Issues							
	Gauges and Warning Lights							
	Unusual Noise and/or Smell							

Explanation of Problem

Driver's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____