

| <i>Vehicle Information</i> | | | |
|---|---|---|-------------------|
| Unit # | 0002 | VIN# | 1FBSS31L3YHB91024 |
| License Plate | CB-5890 | Expiration Date | 08/2014 |
| Make | Ford | Year Model | 2000 |
| Capacity | 16 Passenger | Safety Sticker Expiration date | 01/2015 |
| Color | White | Insurance Card Expiration Date | |
| Oil Change Date | | Last Oil Change Mileage | |
| Air Filter Date | | Last Air Filter Change Mileage | |
| INSPECTION | | | |
| DATE | | INSPECTED BY: | |
| | | | |
| Oil Level <input type="checkbox"/> OKAY <input type="checkbox"/> LOW <input type="checkbox"/> NOT CHECKED | Oil Added <input type="checkbox"/> YES <input type="checkbox"/> NO | Windshield <input type="checkbox"/> OKAY <input type="checkbox"/> POOR | |
| Fuel Level <input type="checkbox"/> FULL <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/8 | Mileage | | |
| | | | |
| Tire Tread | | | |
| Front Passenger <input type="checkbox"/> OKAY <input type="checkbox"/> POOR | | Front Driver <input type="checkbox"/> OKAY <input type="checkbox"/> POOR | |
| Rear Passenger <input type="checkbox"/> OKAY | | Rear Driver <input type="checkbox"/> OKAY <input type="checkbox"/> POOR | |
| | | | |
| Tire Pressure [-PSI] | | | |
| Tire Pressure <input type="checkbox"/> NOT CHECKED | | | |
| Front Passenger | PSI | Front Driver | PSI |
| Rear Passenger | PSI | Rear Driver | PSI |
| Spare | PSI | | |
| | | | |
| Floors Clean | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT CHECKED | | |
| Seats Clean | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT CHECKED | | |
| Outside Clean | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT CHECKED | | |
| Floor Mats in Place | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT CHECKED | | |
| Air Conditioner Working | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT CHECKED | | |
| Heater Working | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT CHECKED | | |
| Turn Signals (Blinkers) in Working Condition | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT CHECKED | | |
| Emergency Flashers in Working Condition | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT CHECKED | | |
| Brakes in Good Working Condition | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT CHECKED | | |
| Vehicle Jack and Lug Wrench available | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT CHECKED | | |
| Proof of insurance in van and current | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT CHECKED | | |
| COMMENTS (Explain all No's and list any repairs needed) | | | |
| | | | |

SIGNATURE: _____

DATE: _____