



Pre-Trip Inspection Checklist

For questions regarding this checklist, please contact Director of Risk Management, Melissa Diaz, at mddiaz2@usfca.edu or through phone at 415-422-5899. You may also reach the Department of Risk Management at usftravel@usfca.edu. You may also refer to our [Vehicular Use Policy](#).

Vehicle Model/Make: _____ Date of Inspection: _____

Name of Driver(s): _____

Reason for driving:

Distance and Planned Stops:

Vehicle Overview

As you approach the vehicle, take note of its current condition. Look for liquid leaks, tire damage, dents, and interior damage. Make sure to notice this in the "NOTE" section on the final page.

DO NOT DRIVE A VEHICLE IF ANY OF THE COMPONENTS MENTIONED BELOW ARE NOT WORKING PROPERLY

If maintenance is needed, contact Yoshi Mobility at 415-265-3262 or at dispatch@yoshimobility.com.

	Pass	Fail	N/A		Pass	Fail	N/A
Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Beams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transmission Oils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors & Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

