FOLKESTONE TOWN COUNCIL

Vehicle Check Form

|  |  |  |  |
| --- | --- | --- | --- |
| Driver name |  | Date |  |
| Vehicle |  | Mileage |  |

Please place an X in the box once checked, for anything that needs further inspection please add to the comments below.

|  |  |
| --- | --- |
| Ignition key | [ ]  |
| Charge cable |[ ]
| Check radio |[ ]
| Visual inspection for exterior damage/leaks under the vehicle |[ ]
| Washer fluid level |[ ]
| Check tires for wear and pressure |[ ]
| Check horn |[ ]
| Check heater/defroster |[ ]
| Check windshield wipers/washers |[ ]
| Check highlight/signal lights/4way flashes/taillights/reverse lights |[ ]
| Check lift; run on complete up and down cycle |[ ]
| Check interior lights |[ ]
| Check mirrors for damage and adjustments |[ ]
| Check battery level |[ ]
| Check first aid kit |[ ]
| Check fire extinguisher |[ ]
| Comments:  |
| Signature: (or print name if returning by email) | Date: |