Pre-Use Equipment Inspection Checklist

Vehicle #	Supervisor:
Make:	Model:
Date:	

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Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	Sun	Sun Mon	Sun Mon Tues I I I I I I I I I I I I I I I I I I I	Sun Mon Tues Wed	Sun Mon Tues Wed Thurs	Sun Mon Tues Wed Thurs Fri

Details on areas for attention

Date: 11/06/2014