CABRINI COLLEGE

Cabrini College Department of Public Safety

Reserved Vehicle Inspection Sheet

Van #

Driver: Date:

Starting Mileage: _____ Ending Mileage: _____

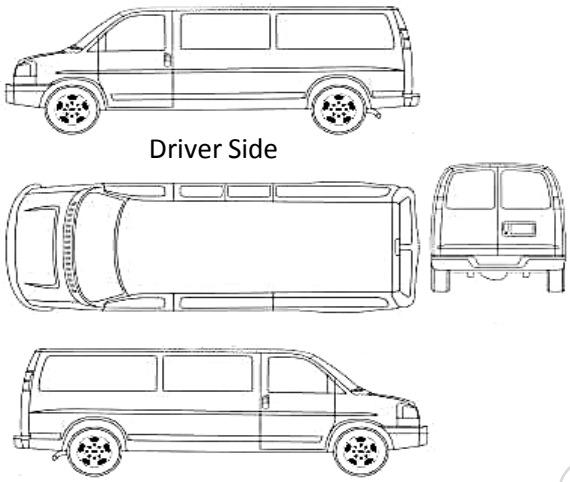
Starting Fuel: F 3/4 1/2 1/4 E Starting Fuel: F 3/4 1/2 1/4 E

Driver's Initials: _____ Driver's Initials: _____

Verified By: BADGE NO. Verified By: BADGE NO.

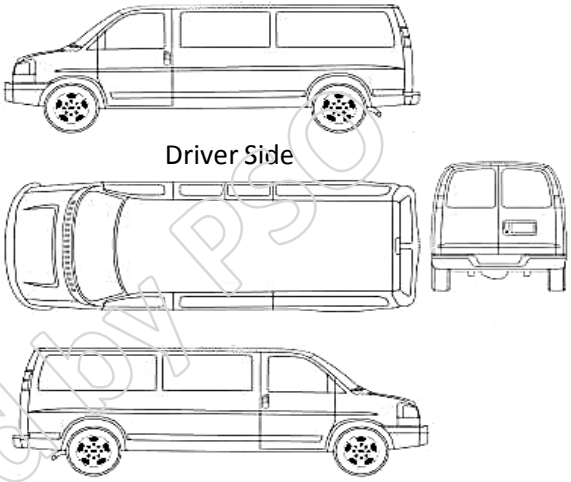
OUT **IN**

*** Record any body damage you find by circling the location of the damage and providing a written description below.***



Driver Side

Passenger Side



Driver Side

Passenger Side

Completed by PSO

Description of Damage:

Was the vehicle clean and free of trash when returned? Y / N

Problems that occurred with any of the following:

Headlights _____ Heater/ AC _____

Taillights _____ Defroster _____

Brake Lights _____ Parking Break _____

Hazards/ Flashers _____ Horn _____

High Beams _____ Windshield Wipers _____

Turn Signals _____ Other: _____