The Rideshare Company A Non-Profit Commuter Service Corporation 1404 Blue Hills Avenue PO Box 7237 Bloomfield, CT 06002-7237 Toll Free: 800-972-3279 Local: 860-692-1234 Fax: 860-692-1279 www.rideshare.com

Date:

MONTHLY VEHICLE INSPECTION FORM

Please print all information								
Name:			E-Mail		Phone:			
Plate:			Mileage:			Route:		
riale.			willeage.			Noute.		
Year:			Make:		Model:			
·			Call to scl pany immediate	ve a routine oil servic nedule service. Iy if any items are m -3279 ext. 216		-		
		Р	e Pass S = S		ing			
			Vohiol	o Increation				
	Р			e Inspection	Р		Damarka	
Exterior Rady Damage	P	S	Remarks	All Glass & Mirrors	P	S	Remarks	
Exterior Body Damage								
Interior Wear/Damage Fluid Leaks	├──	\vdash		Engine Oil				
riuiu Leaks			Cofot	Battery		ļļ		
		<u> </u>		Inspection	T _			
11	Р	S	Remarks	D L'alte	Р	S	Remarks	
Headlights	<u> </u>	\vdash		Reverse Lights				
Parking Lights				Four-Way Flashers				
Turn Signals	<u> </u>	\vdash		Wipers				
Brake Lights	├──	\vdash		Horn				
Seatbelts/Lift Tie Downs		<u> </u>	Tivo	Brakes		<u> </u>		
		I		Inspection	1 _		<u> </u>	
	Р	S	Remarks	D. O. III.	Р	S	Remarks	
Tire Tread Depth				Rim Condition				
Tread Wear Pattern	<u> </u>	\vdash		Tire Pressure				
Sidewall Damage			1.0° 11	Spare Tire				
	<u> </u>	П		eous Inspection				
	Р	М	Remarks		Р	М	Remarks	
WEX Fuel Card		\sqcup		Accident Forms				
Vehicle Insurance	├	\vdash		Vehicle Manual				
Vehicle Registration								
-	•	•	oncern. Please call	items. I will immediate The Rideshare Compar -3279 ext. 216.				

Signature: