

**DCSS Transportation Department
Vehicle Pre & Post Inspection Form**

Vehicle Number _____

Date _____

Department _____

Driver's Name _____

Phone # _____

Vehicle Type (check one) sedan van bus other _____

Departure Date/Time _____

Return Date/Time _____

VEHICLE DAMAGE INSPECTION

Outgoing Inspection

Incoming Inspection

Driver Signature/Date

Driver Signature/Date

Transportation Signature/Date

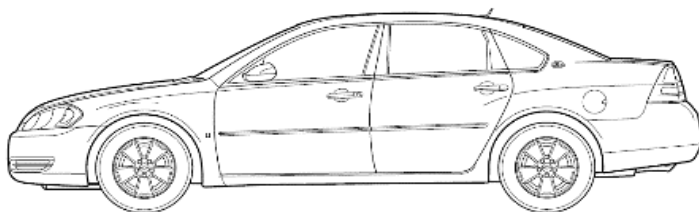
Transportation Signature/Date

Departure Mileage _____

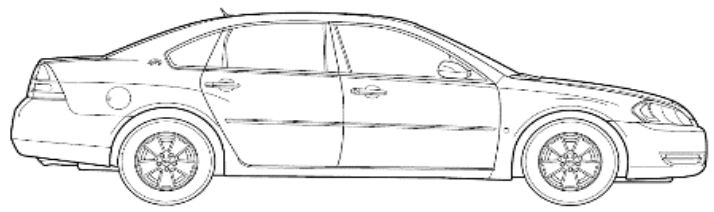
Return Mileage _____

Circle area of damage and/or describe below:

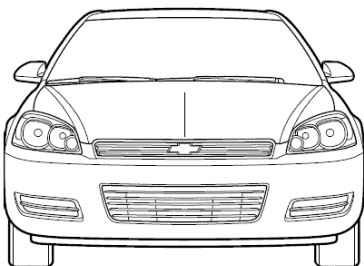
Left Side



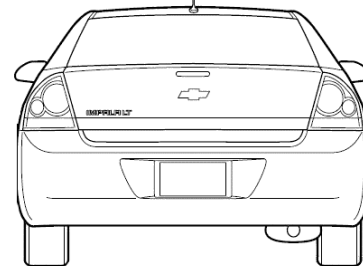
Right Side



Front



Rear



• **Note: DCSS vehicles are restricted to business purposes only** •