

Taxi Cab Weekly Safety Inspection

Date:

Cab Number:

Driver Name:

Pre-Trip Inspection:

- ☐ All Lights Functioning
- ☐ Horn Operational
- ☐ Mirrors Secure
- ☐ Tires (Tread/Pressure)
- ☐ Windshield (Clean/No Cracks)
- ☐ Wipers Operational
- ☐ Brake Check
- ☐ Seatbelts Functional
- ☐ Emergency Equipment Present

Comments/Notes:

Inspector Signature: