

01 Vehicle Inspection

VEHICLE DAILY INSPECTION FORM

Driver/Technician:

Vehicle:

License Plate:

Date:

Odometer:

PRE-TRIP INSPECTION

Exterior

|-----|-----|-----|

☐ | Tires - Front Left | |

☐ | Tires - Front Right | |

☐ | Tires - Rear Left | |

☐ | Tires - Rear Right | |

☐ | Spare Tire | |

☐ | Headlights | |

☐ | Tail Lights | |

☐ | Brake Lights | |

☐ | Turn Signals | |

☐ | Hazards | |

☐ | Windshield | |

☐ | Mirrors | |

☐ | Body Damage | |

☐ | License Plate | |

Under Hood

|-----|-----|-----|

☐ | Oil Level | |

☐ | Coolant Level | |

☐ | Power Steering | |

☐ | Brake Fluid | |

☐ | Washer Fluid | |

☐ | Belts | |

☐ | Hoses | |

Interior

|-----|-----|-----|

☐ | Horn | |

☐ | Gauges | |

☐ | Dashboard Lights | |

☐ | Air Conditioning | |

☐ | Heater | |

☐ | wipers | |

☐ | Seat Belts | |

☐ | Backup Camera | |

Equipment

|-----|-----|-----|

☐ | First Aid Kit | |

☐ | Fire Extinguisher | |

☐ | Jumper Cables | |

☐ | Flashlight | |

☐ | Reflective Triangles | |

☐ | Tool Kit | |

☐ | Registration | |

☐ | Insurance Card | |

FLUIDS CHECK

|-----|-----|-----|

☐ | Oil | OK Low |

☐ | Coolant | OK Low |

☐ | Brake | OK Low |

☐ | Power Steering | OK Low |

☐ | Washer | OK Low |

DEFECTS/NOTES

DAILY LOG

|-----|-----|-----|-----|-----|

Total Miles Today: _____

Fuel Added: \$_____ gallons @ \$_____/gallon

POST-TRIP

End Odometer: _____

Parking

- ☐ - Parked in safe location
- ☐ - Secured
- ☐ - Items removed/secured

Any Issues Today?

- ☐ - No issues
- ☐ - Yes - describe below:

SIGN-OFF

Driver Signature: _____

Date: _____

Supervisor Review: _____

Date: _____

Complete daily. Submit weekly. Keep for DOT compliance if applicable.